

P17000010705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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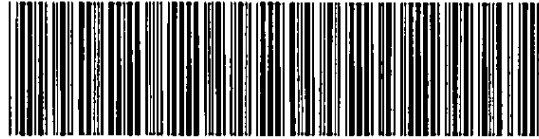
(Business Entity Name)

(Document Number)

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2021 SEP 17 PM 6:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 29 2021

S. PRATHER

GERRISH SMITH TUCK, PC

Attorneys

700 Colonial Road, Suite 200
Memphis, Tennessee 38117
P. O. Box 242120
Memphis, Tennessee 38124-2120
Telephone: (901) 767-0900
Facsimile: (901) 684-2339

Greyson E. Tuck
Email: gtuck@gerrish.com

September 16, 2021

PERSONAL AND CONFIDENTIAL
Via FedEx Overnight Delivery

Florida Department of State
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To Whom It May Concern:

Enclosed please find a Change of Registered Agent for FNBMD Bancshares, Inc. Also enclosed is a check in the amount of \$35.00 for the filing fee. Please file the Change of Registered Agent and return a stamped filed copy to me at your convenience.

Please feel free to contact me at (901) 684-2311 or gtuck@gerrish.com if you have questions or need anything further from me. Thank you for your assistance in this matter.

Sincerely,

Greyson E. Tuck

Greyson E. Tuck

GET: sal

Enclosures

F06988.999

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FNBMD Bancshares, Inc.
Name of Corporation

DOCUMENT NUMBER: P17000010705

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greyson E. Tuck
Name of Contact Person
Gerrish Smith Tuck
Firm/Company
700 Colonial Road, Suite 200
Address
Memphis, TN 38117
City/State and Zip Code

gtuck@gerrish.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greyson Tuck at (901) 684-2311
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FNBMD Bancshares, Inc.
2. The principal office address: 714 North Donnelly Street
Mount Dora, Florida 32757
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/01/2017 Document number: P17000010705
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John D. Pease, III

714 North Donnelly Street

Mount Dora, FL 32757

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert D. White

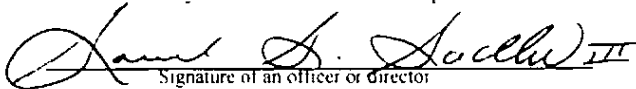
714 North Donnelly Street

P.O. Box NOT acceptable

Mount Dora, FL 32757

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Samuel S. Sadler, III / Secretary of the Board

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

9.15.2021

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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