

P96000061146

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380
From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DATE OF SUBMISSION 7/27

**REGISTERED AGENT CHANGE
MFB FINANCIAL, INC.**

27th

Certificate of Status	0
Certified Copy	0
Page Count	024
Estimated Charge	\$35.00

PA Change



July 28, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MFB FINANCIAL, INC.
1200 PLANTATION ISLAND DRIVE SOUTH
SUITE 210
ST. AUGUSTINE, FL 32080

SUBJECT: MFB FINANCIAL, INC.
REF: P96000061146

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H16000180459
Letter Number: 316A00015826

RECEIVED
16 JUL 28 AM 10:31
MFB FINANCIAL, INC.
1200 PLANTATION ISLAND DRIVE SOUTH
SUITE 210
ST. AUGUSTINE, FL 32080

RE-SUBMIT
Please refile original filing
date of submission 7/27

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MFB FINANCIAL, INC.
Name of Corporation

DOCUMENT NUMBER: P96000061146

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:

Daniel Yi
Name of Contact Person

NFP
Firm/Company

340 Madison Avenue, 20th Floor
Address

New York, NY 10173
City/State and Zip Code

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

For further information concerning this matter, please call:

Daniel Yi at (212) 301-4000
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: MFB FINANCIAL, INC.
2. The principal office address: 1200 PLANTATION ISLAND DRIVE SOUTH, SUITE 210, ST. AUGUSTINE, FL 32080
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/19/1996 Document number: P96000061146
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)

BAILEY, MARK F
1200 PLANTATION ISLAND DR SOUTH, SUITE 210
ST. AUGUSTINE, FL 32080

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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TALLAHASSEE, FLORIDA

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: Veronica Moo, Vice President

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.

By: C T Corporation System Date: 7/27/2016

If signing on behalf of an entity: Connie Layton

*** 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 (03/12)