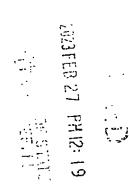


Office Use Only



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JUN 2 8 2023

COVER LETTER

TO: Registration Section Division of Corporations		
Community First Credit Uni	ion of Florida	
	ame of Alien Bus	iness Organization)
Dear Sir or Madam:		
The enclosed Statement of Change of R fee(s) are submitted for filing.	Registered Agent/	Registered Office for Alien Business Organization and
Please return all correspondence concer	rning this matter t	o the following:
Paula Basihan		
(Name of Person)		
Community First Credit Union of Florida		
(Firm/Company)		
637 North Lee Street		
(Address)		
Jacksonville, FL 32204		
(City/State and Zip Co	de)	
For further information concerning this	; matter, please ca	ili:
Paula Basihan	904 at (371-7921
(Name of Person)		& Daytime Telephone Number)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	amount:	
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

Community Firs	t Credit Union of Florida	
	(Name of alien business org	
02/21/2017	3. <u>Q17000000024</u>	4. <u>59-0227113</u>
	gistration date) (Florida document no	number) (FEI Number, if applicable)
637 North Lee St	treet, Jacksonville, FL 32204	
	(Principal office addr	ress)
Name and addr	ess of registered agent and office currentl	ly on record with this office:
	helle Rader	y on record with any office.
637	North Lee Street	
	csonville, FL 32204	
——————————————————————————————————————		 53
New registered	agent and/or office address:	
•	stine Collison	
		27
637	North Lee Street	
Jack	ksonville, FL 32204	
	(Note: Registered office must be a Flo	orida street address)
registered agen Such change w	ess of the registered office and the street a at are identical. are authorized by the board of directors of the board of directors.	
)ph	(Signature of chairman, vice chairm	nan, or officer)
John Hirabaya		
<u>, </u>	(Name and capacity of person signi	ing in number 10 above)
I hereby acce	new registered agent, if applicable: ept the appointment as registered agent. If section 607.0505, Florida Statutes.	I am familiar with and accept the
Kustine	N. Callis	2/6/2023
(Regis	tered agent accepting appointment)	(Date)

FILING FEE: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314