

Q17000000024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Community First Credit Union of Florida

(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to 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 Code)

For further information concerning this matter, please call:

Paula Basihan

(Name of Person)

at (904) 371-7921

(Area Code & 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:

1. Community First Credit Union of Florida
(Name of alien business organization)
2. 02/21/2017 3. Q17000000024 4. 59-0227113
(Florida registration date) (Florida document number) (FEI Number, if applicable)
5. 637 North Lee Street, Jacksonville, FL 32204
(Principal office address)

6. Name and address of registered agent and office currently on record with this office:

Michelle Rader

637 North Lee Street

Jacksonville, FL 32204

7. New registered agent and/or office address:

Kristine Collison

637 North Lee Street

Jacksonville, FL 32204

(Note: Registered office must be a Florida street address)

8. The street address of the registered office and the street address of the business office of the registered agent are identical.

9. Such change was authorized by the board of directors or an officer of the corporation so authorized by the board of directors.

10. 
(Signature of chairman, vice chairman, or officer)

11. John Hirabayashi
(Name and capacity of person signing in number 10 above)

12. Signature of new registered agent, if applicable:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.


(Registered agent accepting appointment)

2/6/2023

(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**