## G17000000045

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE APR - 8 2024





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03/14/24--01020--002 \*\*35.00



## COVER LETTER

TO: Amendment Section Division of Corporations	·
SUBJECT: USF Federal Credit Union	
Name of Corporation	
DOCUMENT NUMBER: Q17000000045	
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning th	
Richard Sellwood	
Name of Contact Person	
USF Federal Credit Union	
Firm/Company	
13101 Telecom Drive Suite 100	
Address	
Temple Terrace, Florida, 33637	
City/State and Zip Code	
rsellwood@usffcu.org	
E-mail address: (to be used for future annua	al report notification)
	•
For further information concerning this matter,	please call:
Richard Sellwood	813 4378036
Name of Contact Person	at (813 ) 4378036 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	e Department of State.
Mailing Address: Amendment Section	Street Address:
Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
·	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta inge is submitted for a corporation organized under the laws of the State of <mark>Flo</mark> er to change its registered office or registered agent, or both, in the State of Flo	orida	'his 	_
1. The name of t	the corporation: USF Federal Credit Union  office address: 13101 Telecom Drive Suite 100, Temple Terrace, FL, 33637			
2. The principal	office address:			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: <u>03/05/2024</u> Document number: Q17000000	0045		
	d street address of the current registered agent and registered office on file with runent of State: (If resigned, enter resigned)	the		
	Jael Rodriguez			
	13302 USF Palm Drive			
	Tampa, Florida, 33612		~	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic		2024 MAR	F-
	Garvin Hanna		<u>+</u>	LED
	13101 Telecom Drive Suite 100	ાં <u>દ</u> ્	M 12:	O
	P.O. Box NOT acceptable	写	12:5	
	Temple Terrace, Florida, 33637	.7.7.	<u></u>	
The street addre as changed will	ess of its registered office and the street address of the business office of its is be identical.	register	red ag	ent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an or he board, or the corporation has been notified in writing of the change.	fficer s	o	
Oriz	Richard Sellwood COO/SVP			
_	re of an officer or director Printed or typed name and title			_
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp ad I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change.	lete per agent, confiri	rforme Or, if n that	ance this the
Darwin !	thannax 03/05/2024			
If signing on bel	chalf of an entity:			
Ту	yped 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)