## Passagny

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Z	ip/Phone #)	
PICK-UP V	VAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Ce	ertificates of Status	
Special Instructions to Filing Officer:		





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05/08/17--01011--018 \*\*43.75

MAY 0 9 2017 S. YOUNG TALL AHASSEE, FLORIDA

## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT		nion iness Organization or Financial Institution)	
Dear Sir or	Madam:		
	ed Designation of Registere stitution and fee(s) are sub-	d Agent and Registered Office for Alien Business Organization mitted for filing.	or
Please retur	n all correspondence conce	rning this matter to the following:	
Andrea L	. Hurley, SVP Risk Mai	nagement	
	(Name of Person)		
First Flori	da Credit Union		
	(Firm/Company)		3
500 W 1s	t Street		
	(Address)	`	-8
Jacksonv	ille, FL 32202		3
	(City/State and Zip Co	de) .	PM 3: 04
For further i	information concerning this	matter, please call:	
Andrea L	Hurley, SVP Risk Mgt	904 359-6800 x1264	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Registration Division of Clifton Build 2661 Execut	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is	a check for the following	amount:	
<b>□ \$</b> 35.00 Fi	ling Fee	□ \$43.75 Filing Fee & Certified Conv	

## DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION

PURSUANT TO SECTION 607.0505 OR 655.0201, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. First Florida Credit Union	
(Name of alie	n business organization or financial institution)
2. Florida	mized) 3. 59-0705380 (FEI Number, if applicable)
(State or country under which entity is orga	mized) (FEI Number, if applicable)
<sub>4.</sub> 500 W 1st Street	
	(Principal office address)
5. Name and Florida Street address of regist	ered agent.
Andrea L Hu	ırley, SVP Risk Management
500 W 1st S	treet
Jacksonville	
are identical.	and the street address of the business office of the registered ages 2.
0,	apacity of person signing in number 7 above)
	else Strily
1 hereby accept the appointment as registe 607.0505 or 655.0201, Florida Statutes.	red agent. I am familiar with and accept the obligations of section
ANDREA L. HIRIEY (Registered agent accepting appointment)	4/28/17 (Date)

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

## FILING FEE \$35

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