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COVER LETTER

TO: Registration Section: Division of Corporations	٠				
Central Credit Union of Florid SUBJECT:					
(Nan	ne of Alien I	Business O	rganization)		
Dear Sir or Madam:					
The enclosed Statement of Change of Refee(s) are submitted for filing.	gistered Age	nt/Registe	red Office for Alien B	usiness Organization and	d
Please return all correspondence concerni	ing this matt	er to the fo	ollowing:		
Maggie Conaghan					
(Name of Person)			_		
Central Credit Union of Florida				20	
(Firm/Company)		 -	_	2022 JUL 27 PH 4: 5	
1200 East Nine Mile Road				L 27	r-10
(Address)				27 PH 4:51	j i
Pensacola, FL 32533					, C.
(City/State and Zip Code	:)		_	+	
For further information concerning this n	natter, please	e call:			
Maggie Conaghan	850 at (474-()	0970		
(Name of Person)	_ \	ode & Day	time Telephone Numl	ber)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corpora The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810	
Enclosed is a check for the following a	mount:				
CL\$35.00 Filing Fee		⊒ \$43	8 75 Filing Fee & Certi	ified 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:

Central Credit U	Jnion of Florida				
7/03/2017		(Name of alien busine 3. Q17000000060	ss organization)	59-1009534	
(Florida r 1200 East Nine	egistration date) Mile Road	(Florida docun	nent number)	(FEI Number,	if applicable)
		(Principal office	address)		
. Name and add	lress of register	ed agent and office cu	rrently on reco	rd with this office:	
	rolyn G. Dwelle				_
120	00 East Nine Mil	e Road			<u>_</u>
Per	nsacola, FL 3251	4			_
. New registere	d agent and/or	office address:			2027
Lis	a Brown				: U
120	00 East Nine Mil	e Road			2022 JUL 27
Per	nsacola, FL 3251	4			STELLER STELLER
	(Not	e: Registered office must b	e a Florida street	address)	- <u>'</u>
registered age Such change	nt are identical, was authorized the board of d	by the board of direct	tors or an offic	er of the corporatio	of the #
James D. Gili	man, Chairperson	n			
	(N	ame and capacity of persor	n signing in numb	er 10 above)	
I hereby acc	ept the appoint	agent, if applicable: ment as registered ag 0505, Florida Statutes		liar with and accept	the
1 LAR	1/1/			7-19-2	
\ / Reg	stered agent accep	ting 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