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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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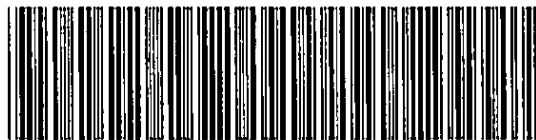
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Central Florida Educators Federal Credit Union  
\_\_\_\_\_  
(Name of Alien Business Organization or Financial Institution)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization or Financial Institution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samuel M. Nelson

\_\_\_\_\_  
(Name of Person)

Central Florida Educators Federal Credit Union

\_\_\_\_\_  
(Firm/Company)

1000 Primera Boulevard

\_\_\_\_\_  
(Address)

Lake Mary, Florida 32746

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel M. Nelson at (407) 708-0967  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$35.00 Filing Fee

\$43.75 Filing Fee & Certified Copy

**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. Central Florida Educators Federal Credit Union  
(Name of alien business organization or financial institution)
- 2. National Credit Union Administration (USA)      3. 59-0678236  
(State or country under which entity is organized)      (FEI Number, if applicable)
- 4. 1000 Primera Boulevard, Lake Mary, Florida 32746  
(Principal office address)

5. Name and Florida Street address of registered agent.  
Samuel M. Nelson  
1000 Primera Boulevard  
Lake Mary, Florida 32746

6. The street address of the registered office and the street address of the business office of the registered agent are identical.  
7. [Signature]  
(Signature of chairman, vice chairman, or officer)

8. Samuel M. Nelson, Chief Administrative Officer and General Counsel  
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent: [Signature]

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*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505 or 655.0201, Florida Statutes.*

[Signature]      December 29, 2017  
(Registered agent accepting appointment)      (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**