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| (Re | questor's Name) | | | |
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| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Do | cument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE SECRETARY OF STATE

APR 01 2020 M. SOLOMON

COVER LETTER

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| | istration Section sion of Corporations | | * • |
|---|---|--------------|---|
| SUBJECT: | Orlando Credit Union | | |
| SUBJECT. | | ness Organi | zation or Financial Institution) |
| Dear Sir or M | Madam: | | |
| | d Designation of Registered stitution and fee(s) are sub- | | Registered Office for Alien Business Organization of ling. |
| Please return | all correspondence conce | rning this m | atter to the following: |
| Suzanne \ | <i>N</i> einstein | | |
| | (Name of Person) | | |
| Orlando C | redit Union | | |
| | (Firm/Company) | | |
| 945 South | Orange Avenue | | |
| - | (Address) | | |
| Orlando, F | L 32806 | | |
| | (City/State and Zip Co | de) | |
| For further in | nformation concerning this | matter, ple | ase call: |
| Suzanne V | Veinstein | 407 | ູ835-3521 |
| | (Name of Person) | (Area | Code & Daytime Telephone Number) |
| Registration Division of C 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: | |
| ≅ \$35.00 Fi | ling 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:

| Orlando Credit Un | (Name of alien business organiza | ation or financial institution) | |
|--|--|--------------------------------------|--------------------|
| Florida | () and of area oastics of gains. | 3 59-1517872 | |
| (State or country under which entity is organized) (FEI Number, if applicate | | e) | |
| 945 South Orange | Avenue, Orlando, FL 32806 | 3 | j:₀, ≥ |
| - Tange | (Principal office | | |
| . Name and Florida Stre | eet address of registered agent. | | SECRETARY |
| | Thomas A. Dobbs | | 1.24 |
| | 945 South Orange Avenu | e | GESTA |
| | Orlando, FL 32806 | | |
| Suzano Mojesto | (Signature of chairman, vice | c chairman, or officer) | |
| Suzanne vveinstei | n, President & CEO | | |
| Signature of registered | (Name and capacity of person of lagent: | (gning in number 7 above) | · |
| hereby accept the appo 07.0505 or 655.0201, Fi | ointment as registered agent. I ai lorida Statutes. | m familiar with and accept the oblig | gations of section |
| Mond Ille | | 3/9/20 | |
| (Registered agent ac | ccepting appointment) | | |

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