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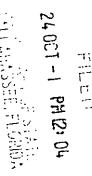
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COVER LETTER

TO: Amendment Section	
Division of Corporations	
N. MANAGEN AND SALAR SALAR	
SUBJECT: BAYFIRST NATIONAL BANK	
Name of Corporation	
DOCUMENT NUMBER: Q22000000043	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
·	0
Christina Ahrens	
Name of Contact Person	
Igler and Pearlman, P.A.	
Firm/Company	
2457 Care Drive, STE 203	
Address	
Tallahassee, FL 32301	
City/State and Zip Code	
Christina.Ahrens@IglerLaw.com	
E-mail address: (to be used for future annual repo	ort notification)
·	,
For further information concerning this matter, please	e call:
Christina Ahrens	at (850)878-2411
Name of Contact Person	at (850) 878-2411 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 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	ange is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Statutes, rganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.	this
1. The name of	the corporation: BAYFIRST NATION	IAL BANK	
	office address: 700 CENTRAL AVEN		
3. The mailing a	address (if different):		
		Document number: Q2200000043	
	d street address of the current register rtment of State: (If resigned, enter res	ed agent and registered office on file with the igned)	
	BRISCOE, LYNN		
	700 CENTRAL AVENUE		2
	ST. PETERSBURG, FL 33701		+ 001 m
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office.	24
	McKIM, SCOTT	전성 연합	ស៊
	700 CENTRAL AVENUE		40
	PO	Box NOI acceptable	
	ST. PETERSBURG, FL 33701		
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of its register	red agent,
Such change was authorized by th	as authorized by resolution duly ado he board, or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.	υ
XIL		Scott McKim, CFO	
() "	re of an officer or director	Printed or typed name and title	
l further agrée i of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all s an familiar with and accept the ing filed merely to reflect a change it s been notified in writing of this char	statutes relative to the proper and complete per obligation of my position as registered agent. n the registered office address, I hereby confire	rformance Or if this n that the
//~		9 23 7024	
Sig	nature of Registered Agent	Dute	
lf signing on be	half of an entity:		
Scott McKim			
T	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)

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: BAYFIRST NATIONAL BANK				
Name of Corporation				
DOCUMENT NUMBER: Q22000000043				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Christina Ahrens				
Name of Contact Person				
Igler and Pearlman, P.A.				
Firm/Company				
2457 Care Drive, STE 203				
Address				
Tallahassee, FL 32301				
City/State and Zip Code				
Christina.Ahrens@IglerLaw.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Christina Ahrens 21 (850)878-2411				
Christina Ahrens at (850) 878-2411 Name of Contact Person Area Code & Daytime Telephone Numbe				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Street Address: Amendment Section				

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of c	e provisions of sections 607.0502, 617.02 hange is submitted for a corporation orga	mized under the laws of the	State of Florida
	der to change its registered office or regi	_	•
1. The name o	f the corporation: BAYFTRST NATIONA	L BANK	<u>. </u>
2. The principa	of the corporation: BAYFIRST NATIONA al office address: 700 CENTRAL AVENUE	E, ST PETERSBURG FL 33	701
	- · · · · · · · · · · · · · · ·		
4. Date of inco	gaddress (if different): orporation/qualification: 04/18/2024	Document number:	Q2200000043
5. The name ar	nd street address of the current registered artment of State: (If resigned, enter resign	agent and registered office	on file with the
	BRISCOE, LYNN		
	700 CENTRAL AVENUE		4.000
	ST. PETERSBURG, FL 33701		
6. The name ar (if changed)	nd street address of the new registered ag-	ent (if changed) and /or reg	istered office
	McKIM, SCOTT		·
	700 CENTRAL AVENUE		
	POB	ox NO1 acceptable	** A -30 di-
	ST. PETERSBURG, FL 33701		
The street add as changed wi	ress of its registered office and the stree		office of its registered agent,
Such change y	was authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors of the ch	or by an officer so lange.
1).		Scott McKim, CFO	
\ :	hure of an officer or director	Frinted or types	
I hereby accept further agree of my duties, a document is be corporation had	of the appointment as registered agent a to comply with the provisions of all sta and I am familiar with and accept the ob teing filed merely to reflect a change in t as been notified in writing of this change	nd agree to act in this cap tutes relative to the prope ligation of my position as he registered office addres e.	acity. r and complete performance registered agent. Or, if this ss, I hereby confirm that the
Si	ignature of Registered Agent	9/23/202	·
	ehalf of an entity:		
Scott McKim			
	Typed or Printed Name		
	• • • FILING F	EE: \$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)