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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(business chiry Name)			
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COVER LETTER

TO:

Registration Section Division of Corporations

SURFICE. Suwannee River Federal Credit Union

(Name of Alien Business Organization, Financial Institution, or Telehealth Provider)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Amy Cundiff

(Name of Person)

Suwannee River Federal Credit Union

(Firm/Company)

203 Pinewood Way, SW

(Address)

Live Oak, FL 32064

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Cundiff

_{at} 386 \ 362-2225

(Name of Person)

(Area Code & Daytime Telephone Number)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

□ \$35.00 Filing Fee

■ \$43.75 Filing Fee & Certified Copy

REGISTERED AGENT & OFFICE FOR ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION, OR TELEHEALTH PROVIDER

PURSUANT TO SECTION 607.0505. 655.0201, OR 456.47(4)(b), FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION OR TELEHEALTH PROVIDER SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

GENT AND REGISTERED OF T		
Suwannee River Federa	al Credit Union business organization, financial institution or telehealth	provider)
Florida	590876	830
(State or country under which enti	ity is organized) 3. 590876	mber, if applicable)
	y, SW Live Oak, FL 3206	34
203 Fillewood vva	(Principal office address)	<u></u>
5. Name and Florida Street address of Amy	Cundiff, President	
203	Pinewood Way, SW	
Live	Oak, FL 32064	
are identical. 7. We note Brise 8. Windal Boise, Cha	(Signature of chairman, vice chairman, or officer)	
9. Signature of registered agen	s registered agent. I am familiar with and a Florida Statutes.	ecept the obligations of secti
THE FILING OF THIS FORTAUTHORIZE THE ABOVE RETHE STATE OF FLORIDA.	oinviient) M WITH THE FLORIDA DEPARTMENT OF PROVIDER TO	NT OF STATE DOES NOT TRANSACT BUSINESS
	FILING FEE \$35	202:

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

INHS80 (4/20)