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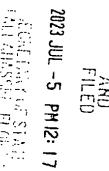
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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AUG 1 5 2023 K. Brumbley

COVER LETTER

TO: Registration Section

Division of Corporations

Tampa Bay 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:

Richard Grammatica

(Name of Person)

Tampa Bay Federal Credit Union

(Firm/Company)

3815 North Nebraska Ave

(Address)

Tampa, FL 33603

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Grammatica (Name of Person) at (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:

I. Tampa Bay Federal C				
	of alien business organization, financ	ial institution or telehe	alth provider)	
, Florida		3	Number, if applicable)	
(State or country under wh	nich entity is organized)	(FEI	Number, if applicable)	
3815 North Neb	raska Avenue, Tar	npa, FL 336	303	
	(Principal office	address)	 .	
5. Name and Florida Street add	dress of registered agent.			
R	ichard Gramm	natica		
3	3815 N. Nebras	Ka ave		
<u>1</u>	ampa, Fl 3360	ろ		
are identical. 7. Walter J. 8. Board Chair	(Signature of chairman vice		s office of the registered a	agent
<u> </u>	(Name and capacity of person sig		re)	
9. Signature of registered age	nt: Richard M.	Fromm	olo	
l hereby accept the appointm 607.0505, 655.0201, or 456.47	nent as registered agent. I an 7(4)(b) Florida Statutes.	ı familiar with and	l accept the obligations	of sectio
Registered agent accepting	Incommunity of the proposition o	<u>0</u>	6/26/2023	<u>, </u>

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY OR PROVIDER 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 APPROVED AND FILED 2023 JUL -5 PH 12: 17

INHS80 (4/20)

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