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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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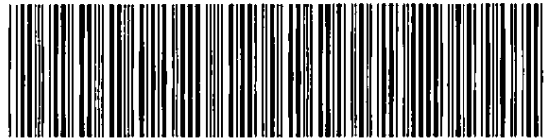
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AdventHealth 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:

Edward Reisinger

(Name of Person)

Kudulis, Reisinger, and Price

(Firm/Company)

2000 SouthBridge Parkway, Suite 415

(Address)

Birmingham, Alabama 35209

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Kyra Perkins at (800) 666-3151
(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:

1. AdventHealth Credit Union
(Name of alien business organization, financial institution or telehealth provider)
2. Florida 3. 59-1022425
(State or country under which entity is organized) (FEI Number, if applicable)
4. 351 South State Road 434, Suite 1009
(Principal office address)


5. Name and Florida Street address of registered agent.

Adam Neusaenger

351 South State Road 434, Suite 1009

Altamonte Springs, FL 32714

6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7. 
(Signature of chairman, vice chairman, or officer)

8. Shushilya S Mohammed, COO
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent: Adam Neusaenger

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, 655.0201, or 456.47(4)(b) Florida Statutes.

Adam Neusaenger

(Registered agent accepting appointment)

02/15/24

(Date)

**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

SECRETARY OF STATE
TALLAHASSEE, FL

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