## Q24000000027

(Rec	questor's Name)			
(Add	dress)			
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JOK)	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Doc	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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K. Brumbley

## **COVER LETTER**

~	stration Section sion of Corporations			
SUBJECT:	Space Coast Credit U	nion		
	(Name of Alien Busin	icss Organ	ization or Financial Institution)	-
Dear Sir or N	Madam:			
	d Designation of Registered stitution and fee(s) are subm		d Registered Office for Alien Business ( iling.	Organization or
Please return	all correspondence concer-	ning this n	natter to the following:	
Erin Freen	nan			
	(Name of Person)			
Space Coa	ast Credit Union			
	(Firm/Company)			
8045 N Wi	ickham Rd			
<del></del>	(Address)			
Melbourne	e, FL 32940			
	(City/State and Zip Cod	le)		
For further is	nformation concerning this	matter, ple	ease call:	
Erin Freen	nan	321 at ( _		_
	(Name of Person)	(Area	a 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 a	amount:		
🗅 \$35.00 Fil	ling Fee		■ \$43.75 Filing Fee & Certified	Сору

## 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 IT'S REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

Space Coast Cred	it Union			
		ganization or linancial institution)		
Florida		3. <u>590746906</u>		
(State or country un	der which entity is organized)	(FEI Number, if a	3. (FEI Number, if applicable)	
8045 N Wickham I	Rd Melboume, FL 3294	0		
	(Principa	al office address)		
Name and Florida Stre	et address of registered agent			
	Erin Freeman			
	8045 N Wickham Rd			
	Melbourne, FL 32940	)		
		-		
	l agent:	. I am familiar with and accept th		
ERIN GRAEN	IAN	10/24/2023		
(Registered agent a	ccepting appointment)	(1	Date)	
THE FILING OF TH AUTHORIZE THE AF FLORIDA.	IIS FORM WITH THE BOVE REFERENCED EN	FLORIDA DEPARTMENT OF TITY TO TRANSACT BUSINES	S IN THE STATE	
	FILI	NG FEE \$35	024	
	Make checks payable to Flo Division of Corporations F	orida Department of State and mail to C. O. Box 6327 Tallahassee, FL 32314	2024157 - 7	

INHS80 (7/16)