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PICK-UP WAIT MAIL	
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Champions First 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:

Jennifer Durden

(Name of Person)

Champions First Credit Union

(Firm/Company)

2520 N Monroe Street

(Address)

Tallahassee, FL 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Durden

 $_{\rm at}$ (850) 556-0927

(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:

L Champions First Credit Union		
(Name of alien business organization, financi	•	
_{2.} Florida	3. (FEI Number, if applicable)	
(State or country under which entity is organized)	(FEI Number, if applicable)	
ւ 2520 N Monroe Street, Tallahas	see, FL- 32303	
(Principal office a	ddress)	
5. Name and Florida Street address of registered agent.		
Erin Williams		
2520 N Monroe St	treet	
Tallahassee, FL 3	32303	
6. The street address of the registered office and the street add are identical. 7. Signature of chairman, vice of Signature of Chairman, vice of Signature of Chairman, vice		
(Name and capacity of person sign	ting in number 7 above)	
O. Signature of registered agent:	Luna	
hereby accept the appointment as registered agent. I am 607.0505, 655.0201, or 456.47(4)(b) Florida Statutes.	familiar with and accept the obligations of section	
Erin Williams	08/01/2024	
(Registered agent accepting appointment)	(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

INHS80 (4/20)