

T100000001190

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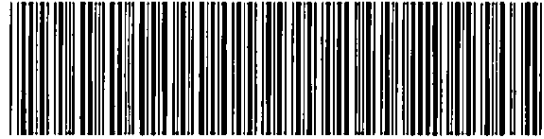
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**DATE: 03/01/2024**

**NAME: 121 FINANCIAL CREDIT UNION**

**TYPE OF FILING: CHANGE OF REGISTRANT FL TRADEMARK**

**COST: 50.00**

**RETURN: PLAIN COPY + CERT OF REGISTRATION PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 121 Financial Credit Union  
(Name of Mark)

The enclosed Certificate of Change of Name of the Registrant or Applicant of a Florida Trademark and/or Service Mark Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Shenella Foster  
(Contact Person)

Nelson Mullins Riley & Scarborough  
(Firm/Company)

390 N Orange Ave, Ste 1400  
(Address)

Orlando, Florida 32801  
(City, State and Zip Code)

For further information concerning this matter, please call:

Shenella Foster at ( 407 ) 669-4331  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$50 Filing Fee and Certificate of Registration (Free of Charge)       \$102.50 Filing Fee, Certified Copy, and Certificate of Registration (Free of Charge)

**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

**CERTIFICATE OF CHANGE OF NAME  
OF THE REGISTRANT OR APPLICANT OF A  
FLORIDA TRADEMARK AND/OR SERVICE MARK REGISTRATION**

Pursuant to s. 495.081(3), Florida Statutes, the undersigned hereby submits this certificate to change the name of the registrant or applicant of the following Florida trademark and/or service mark registration:

1. Name of Mark: 121 Financial Credit Union

2. Registration Number: T10000001190

3. Date of Registration: 11/15/2010

4. a. Name of owner as it appears on the trademark/service mark registration:  
121 Financial Credit Union

b. Address of owner as it appears on the trademark/service mark registration:  
701 RIVERSIDE PARK PLACE JACKSONVILLE, FL 32204

5. a. New name of owner:  
VyStar Credit Union

b. New mailing address, if applicable:

76 South Laura St, Jacksonville, FL 32202

TALLAHASSEE, FLORIDA  
2010 MAR - 1  
PM 12: 03  
**FILED**

**SIGNATURE:**

Owner's Signature: \_\_\_\_\_

*[Handwritten Signature]*

Typed/Printed Name of Person Signing: \_\_\_\_\_

Jonathan Sacks, SVP

STATE OF \_\_\_\_\_

Florida

COUNTY OF \_\_\_\_\_

Duval

On this 28 day of \_\_\_\_\_

February, 2024

JONATHAN SACKS

(Enter Name of Person Signing Above)

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TALLAHASSEE, FLORIDA

Personally appeared before me,  who is personally known to me or  whose identity I

proved on the basis of \_\_\_\_\_

(Seal)

*[Handwritten Signature]*

Notary Public's Signature

Sherri L. James

Notary Public's Printed Name

My Commission Expires: \_\_\_\_\_



(Attach additional sheet if necessary)

Filing fee:	\$50.00
Certificate of Registration:	Issued Free of Charge
Certified Copy (optional):	\$52.50