

T1000000/191

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

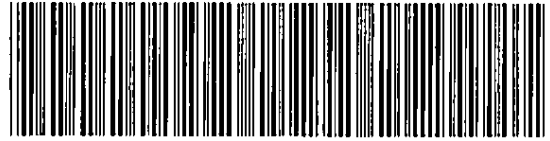
Special Instructions to Filing Officer:

TR/SM OWNER NAME CHANGE

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MAR - 4 2024



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FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 03/01/2024

NAME: 121 FINANCIAL

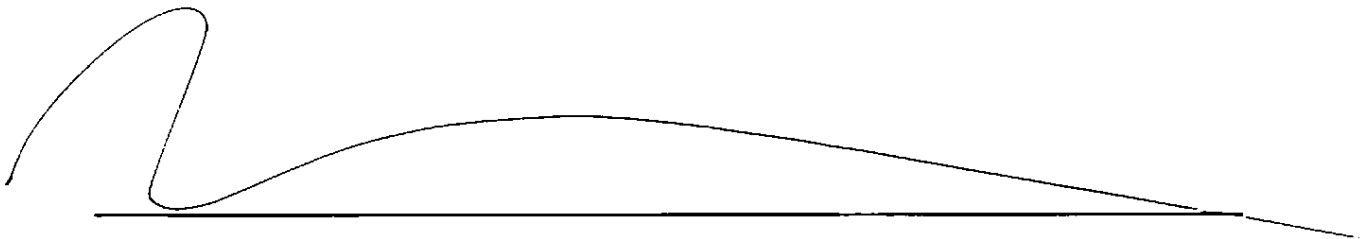
TYPE OF FILING: CHANGE OF REGISTRANT FL TRADEMARK

COST: 50.00

RETURN: PLAIN COPY + CERT OF REGISTRATION PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



A large, stylized handwritten signature in black ink, starting with a large loop on the left and extending across the width of the page.

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
2. Registration Number: T10000001191
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

SIGNATURE:

Owner's Signature: _____

Typed/Printed Name of Person Signing: _____

Jonathan Sacks, SVP

STATE OF _____

Florida

COUNTY OF _____

Duval

On this _____

28

day of _____

February

, 20

24.

Jonathan SACKS

(Enter Name of Person Signing Above)

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

proved on the basis of _____

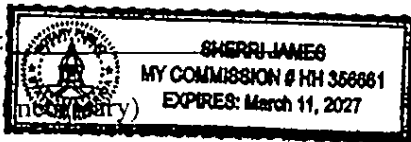
(Seal)

Notary Public's Signature

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

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TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT