## F14000004484

(	Requestor's Name)				
	(Address)				
	(Address)				
. (	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



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07/17/15--01032--017 \*\*35.00

SECRETARY OF STATE STATE OF SORPORATIONS

JUL 21 2015 C LEWIS





July 14, 2015

Department of State Att: Brenda Tadlock Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE: CHANGE OF ADDRESS OF AGENT FOR SERVICE OF PROCESS EMIGRANT BANK

Dear Ms. Tadlock,

C T Corporation System provides the agent for service of process in Florida. Please be advised that the address of the agent for service process has been changed from: C T Corporation System, 515 E. Park Avenue, Tallahassee, FL 32301 to:

> C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324

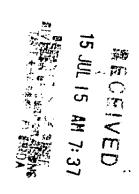
Enclosed is our check for \$35.00 to cover the filing fee.

Please advise us when the address change has been noted and issue whatever evidence of filing that may be usual.

Thank you,

C T Corporation System

Marie Hauer, Manager Agent Services 111 8th Avenue, 13th Floor New York, NY 10011 marie.hauer@wolterskluwer.com



## **COVER LETTER**

Division of Corporations				
SUBJECT: Emigrant Bank				
Name of Corporation				
DOCUMENT NUMBER: F1400004484				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Marie Hauer				
Name of Contact Person				
CT Corporation				
Firm/Company				
111 8th Ave, 13th Floor				
Address				
New York, NY 10011				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Marie Hauer  Name of Contact Person  at (212 ) 894-8504  Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				

Street Address: Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:
Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

CR2E045 (03/12)

TO:

**Amendment Section** 

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	o17.0302, 007.1308, or 017.1308, Florida Statutes on organized under the laws of the State of <mark>Florida</mark> or registered agent, or both, in the State of Florida.		_
	the corporation: Emigrant Ba			
				· · · · · · · · · · · · · · · · · · ·
3. The mailing	address (if different):			
4. Date of incom	poration/qualification: 10/22/2	2014	484	
	d street address of the current reg artment of State: (If resigned, enter	istered agent and registered office on file with the resigned)		
	C T Corporation Syste	m		
	515 EAST PARK AVE	NUE		
	TALLAHASSEE, FL 32	2301		
6. The name an (if changed):	<del>-</del>	ered agent (if changed) and /or registered office	16 JUL 17	SECR DIVISION
	C T Corporation Syste	<u>m</u>	<del>-</del>	25 T
	1200 South Pine Island	d Road	7 AH	SOMP YOF
		Box NOT acceptable	17:2	場合
	Plantation, Florida 333			<u> </u>
The street addr as changed wil	ess of its registered office and th l be identical.	e street address of the business office of its regist	tered ag	ent,
Such change wanthorized by	as authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	so	
Signat	ure of an officer or director	Printed or typed name and title		_
l further agree performance o	to comply with the provisions of f my duties, and I am familiar wi	igent and agree to act in this capacity. Tall statutes relative to the proper and complete th and accept the obligation of my position as reg y to reflect a change in the registered office addr otified in writing of this change.	zistered ess, I	
Ravi da		07/14/2015		_
	gnature of Registered Agent	Date		
	ehalf of an entity:			
	Hauer Typed or Printed Name	_		
	- Abra or a compa comp			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*

CR2E045 (03/12)