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## **COVER LETTER**

TO:	Registration Section Division of Corporations		•	
SUBJECT	sci:		(, a national banking association	
	(Name of Alien Busin	ess Organ	ization or Financial Institution)	
Dear S	ir or Madam:			
The end Financi	closed Designation of Registered ial Institution and fee(s) are subm	Agent and	Registered Office for Alien Business Organization or ling.	
Please	return all correspondence concer	ning this m	natter to the following:	
Micha	ael P. Carolan, Esq.			
	(Name of Person)			
Winde	erweedle, Haines, Ward & V	Voodmai	1, P.A.	
	(Firm/Company)			
329 P	Park Avenue North, Second	Floor		
	(Address)			
Winte	er Park, FL 32789			
	(City/State and Zip Cod	e)	<del></del>	
For fur	ther information concerning this	matter, ple	ase call:	
Micha	el P. Carolan	407 at (	423-4246	
	(Name of Person)	(Area	Code & Daytime Telephone Number)	
Registr	ET/COURIER ADDRESS: ation Section		MAILING ADDRESS: Registration Section	
	n of Corporations Building		Division of Corporations P.O. Box 6327	
2661 E.	xecutive Center Circle		Tallahassee, Florida 32314	
Fallaha	ssee, Florida 32301			
Enclose	ed is a check for the following a	mount:		
<b>E</b> \$35.	00 Filing Fee		☐ \$43.75 Filing Fee & Certified Copy	

## 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 ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. SEACOAST NA	ATIONAL BANK, a national bankii (Name of alien business organization	ng association		
2. United States (	national banking association)	3. 59-0193820		
	y under which entity is organized)	(FEI Number, if applicable)		~
815 Colorado A	Avenue, Stuart, Florida 34995			2020 FEB
**.	(Principal office a	idress)	<del></del>	(c)
5. Name and Florida	Street address of registered agent.			
	Kevin Picart		*, <u>;</u> ,	-C
	815 Colorado Avenue		Įį.	Ğ
	Stuart, Florida 34995	4		t. W
are identical.  7  Nevin Picart, Se	(Signature of chairman, vice chenior Vice President	lairman, or officer)	<del></del>	
9. Signature of regist	(Name and capacity of person signi ered agent:	W		
607.0505 or 655.020	appointment as registered agent. I am . J. Florida Statutes.	tamiliar with and accept the obligation of the o	ions of sec	tion
(Registered age	nt accepting appointment)	(Date)		

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY 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