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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000

Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future of the control one email address please

Email Address:\_

## REGISTERED AGENT CHANGE REPUBLIC BANK & TRUST COMPANY

Certificate of Status	0
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Estimated Charge	\$35.00

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5/25/2010

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Kentucky	
	der to change its registered office or registered agent, or both, in the State of Florida.	•
1. The name of	f the corporation: REPUBLIC BANK & TRUST COMPANY	*
2. The principal	al office address: 601 W Market St., Louisville, KY 40202	
3. The mailing a	address (if different):	<del></del>
4. Date of incorp	rporation/qualification: 03/14/2006 Document number: F06000001632	
	nd street address of the current registered agent and registered office on file with the artment of State:	
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	20
6. The name and (if changed):	ad street address of the new registered agent (if changed) and /or registered office	010 MAY 27
	Corporation Service Company	3
•	1201 Hays Street	<b>P</b> []
	(P.O. Box NOT acceptable)	
,	Tallahassee, FL 32301	
_	ress of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change was numberized by th	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the conferation has been notified in writing of the change.	
Mickey	Continued of typed name and Hills. Secret	terry
hereby accept further agree to if my duties, and locument is bein corporation has	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	•
Corporation By:	ion Service Company  5-25-240	
(812	enspire of Registered Agent) (Date)	
f signing on bel	chalf of an entity:	
	et, Asst. Vice President	
(t)	Typed or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)