

P04000038174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

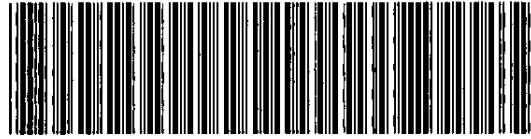
(Business Entity Name)

(Document Number)

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*R.A. Chorge*  
C.COULLIETTE

DEC 30 2010

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Coral Gables Trust Company  
Name of Corporation

**DOCUMENT NUMBER:** P04000038174

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:

Linda M. Haskins  
Name of Contact Person

The Coral Gables Trust Company  
Firm/Company

255 Alhambra Circle, Suite 333  
Address

Coral Gables, Florida 33134  
City/State and Zip Code

lhaskins@cgtrust.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda M. Haskins at ( 786 ) 497-1212  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Coral Gables Trust Company
2. The principal office address: 255 Alhambra Circle, Suite 333 Coral Gables, FL 33134
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/27/2004 Document number: P04000038174

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

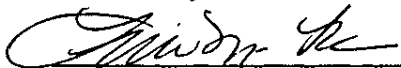
James Davidson  
6395 Mitchell Manor Cir 333  
Pinecrest, FL 33156

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Judith Kenney  
Judith Kenney & Associates, P.A.  
P.O. Box NOT acceptable  
2001 Biscayne Blvd., Suite 2620, Miami, FL 33137

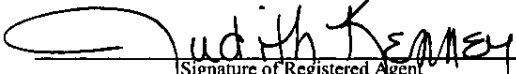
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Linda M. Haskins, COO  
\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

Dec. 8, 2010  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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