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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Coral Gables Trust Company

Name of Corporation

OCUMENT 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:

Richard DeNapoli

Name of Contact Person

Coral Gables Trust Company

Firm/Company

255 Alhambra Cir Ste 333

Address

Coral Gables, Florida 33134

City/State and Zip Code

rdenapoli@cgtrust.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard DeNapoli

,,786 (497-1216

Name of Contact Person

Area Code & Davtime 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

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Floria organized under the laws of the State a registered agent, or both, in the State a	of Florida
1. The name of t	the corporation: Coral Gables	Trust Company	
2. The principal 33134	office address: 255 Alhambra	Circle, Suite 333, Coral G	ables, Florida
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 02/27/20	Document number: P040	000038174
	I street address of the current register tment of State: (If resigned, enter re	ered agent and registered office on file esigned)	with the
	Judith Kenney, Judith Kenne	ey & Associates, PA - resigned	
	2001 Biscayne Blvd, Ste	2209	5
	Miami, Florida 33137		
6. The name and (if changed):		d agent (if changed) and /or registered	التي التي التي التي التي التي التي التي
	255 Alhambra Circle, Su	I Gables Trust Company uite 333	7:08
		x NOT acceptable	_
The street addre	ss of its registered office and the s be identical.	treet address of the business office of	its registered agent,
Such change wa authorized by th	s authorized by resolution duly ad- e-board, or the corporation has been	opted by its board of directors or by a en notified in writing of the change.	n officer so
Signatur	e of an officer or director	Richard DeNapoli	title
I Jurther agree to performance of s	0 Comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and ca and accept the obligation of my positi To reflect a change in the registered off God in writing of this change.	omplete
_//	MAM.	June 11, 2019	
	ature of Registered Agent	Date	
If signing on beh	•		
Richard Del	Napoli ped or Printed Name		

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