Pow0113979

(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:							

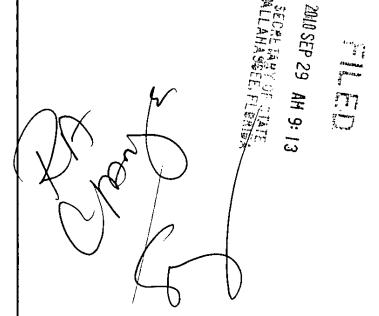
Office Use Only

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09/29/10--01021--004 **35.00



COVER LETTER

то:	Amendment Section Division of Corporations							
SUBJI	ECT: Insignia Bank Name of Corporation							
DOCU	MENT NUMBER: P06000113979							
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:								
	Charles G. Brown, III							
	Name of Contact Person							
Insignia Bank								
	Firm/Company							
333 N. Orange Avenue								
	Address							
Sarasota, FL 34236 City/State and Zip Code								
ebrown@insigniabank.com E-mail address: (to be used for future annual report notification)								
For fu	ther information concerning this matter, please call:							
	Charles G. Brown, III at (941) 366-7100 Name of Contact Person Area Code & Daytime Telephone Number							
	Name of Contact Person Area Code & Daytime Telephone Number							
Enclos	ed 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 pa statement of chan	rovisions of sections 6 age is submitted for a c	07.0502, 617.0502, 6 corporation organizea	07.1508, or 617.1508, I under the laws of the	Florida Statutes State of Flor	s, this :ida	
in order	to change its registere	ed office or registered	l agent, or both, in the	State of Florida.		
1. The name of th	ne corporation:	Insignia Bank				
2. The principal of	office address:	333 N. Orange	AAvenue			
		Sarasota, FL				
3. The mailing ad	ldress (if different):					
4. Date of incorpo	oration/qualification: _	9/1/06	Document number:	P060001139	79	
	street address of the cument of State: (If resig		t and registered office	on file with the		
	Charles G.	Brown, III				
	3766 Eagle	Hammock Drive				•
_	Sarasota,	FL 34240			E B	
6. The name and (if changed):	street address of the ne	ew registered agent (i	f changed) and /or regi	istered office	III SEP 2	i dent January
	Charles G.	Brown, III			29 A	المامين المامين
	333 N. Ora	nge Avenue			AM 9:	***************************************
	Sarasota,	P.O Box NOT acc FL 34236	ceptable	STATE OF THE PARTY	: :: ::3	7200
The street addres as changed will l	ss of its registered offi be identical.	ice and the street add	lress of the business o	office of its regis	stered age	nt,
Such change was authorized by the	s authorized by resolute board, or the corpor	ntion duly adopted by ation has been notifi	ts board of directors ed in writing of the cl	s or by an office hange.	r so	
Kusten	is S. Und	<u></u>	Kristina Arno	old CFO/SVI	·	_
I further agree to of my duties, and document is bein	the appointment as re o comply with the pro I I am familiar with a ng filed merely to refle been notified in writi	visions of all statutes nd accept the obliga ect a change in the re	gree to act in this cap	pacity. or and complete	performa it. Or, if i firm that i	nce this the
			September 23,	. 2010		
Sign	ature of Registered Agent		Da			_
If signing on bel	nalf of an entity:					
	G. Brown, III					
Ty	ped or Printed Name					

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