## a 110000009

(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:	
  JUL!'-2 2013	
L. SELLERS	

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Encore Bank, Nationa	
(ı	Name of Alien Business Organization)
Dear Sir or Madam:	
The enclosed Statement of Change of fee(s) are submitted for filing.	Registered Agent/Registered Office for Alien Business Organization and
Please return all correspondence conc	erning this matter to the following:
Peter W. Minford	
(Name of Person	
Engara Bank National Assess	4:
Encore Bank, National Associa (Firm/Company)	
(	
3003 Tamiami Trail North Suite	e 100
(Address)	
Naples FL 34103-2714	
(City/State and Zip C	ode)
For further information concerning the	is matter, please call:
Peter W. Minford	at ( 239 ) 919-5893
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ananassee, Fiorida 32314
Enclosed is a check for the following	g amount:
\$35.00 Filing Fee	\$43.75 Filing Fee & Certified Copy

INHS23 (08/05)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2013

PETER W. MINFORD 3003 TAMIAMI TRAIL NORTH STE. 100 NAPLES, FL 34103-2714

SUBJECT: ENCORE BANK, NATIONAL ASSOCIATION

Ref. Number: Q11000000029

We have received your document for ENCORE BANK, NATIONAL ASSOCIATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 213A00014393

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SECRETARY OF STATE

## STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

]. Enco	ore Bank, National Association	
	(Name of alien business organization)	
2. 04/15	5/2011 3. Q11000000029 4. 20-3 <b>74258</b> 5	
	(Florida registration date) (Florida document number) (FEI Number, if ap	pplicable)
5, 3003	Tamiami Trail North, Suite 100, Naples FL 34103-2714	
	(Principal office address)	
6. Nam	e and address of registered agent and office currently on record with this office:	
	Capitol Corporate Services, Inc.	
	155 Office Piz Dr., Ste A	
	Tallahassee FL 32301	
7. New	registered agent and/or office address:	
	Peter W. Minford	
	3003 Tamiami Trail North, Suite 100	
	Naples FL 34103-2714	
	(Note: Registered office must be a Florida street address)	
regis 9. Such	street address of the registered office and the street address of the business office of the stered agent are identical. In change was authorized by the board of directors or an officer of the corporation so orized by the board of directors.	
<i>x</i> 0		
	(Signature of chairman, vice chairman, or officer)	
11. Th	omas N. Ray, CEO and President	
	(Name and capacity of person signing in number 10 above)	
12. Sig	nature of new registered agent, if applicable:	
l h	ereby accept the appointment as registered agent. I am familiar with and accept the ignificant of section 807.0505, Florida Statutes.	;
	6/24/24	ಸ <b>ಪ</b>
	(Regate et a lent accepting appointment)	ا کا آ
	FILING FEE: \$35.00	-2  -2
	Make checks payable to Florida Department of State and mail to:	
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