## 100000046

(Re	equestor's Name)				
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(Ci	ty/State/Zip/Phone	e #)			
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J. BRYAN

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**EXAMINER** 

## **COVER LETTER**

<b>₹</b> \$35.00 Filing Fee	\$43.75 Filing Fee & Certified	Сору
Enclosed is a check for the following as		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Peter W. Minford	at (_239) 919-5893	
For further information concerning this n	,	
(City/State and Zip Code	<del></del>	•
(Address) Naples FL 34103-2714		AMIO: 39 SEE. FLORIDA
3003 Tamiami Trail North Suite 1	00	FILED PNOV 13 AMIC CRETARY STEEL
(rimi/Company)		ASS 3
Encore National Bank (Firm/Company)		EIL I SECRETARY TALLAHASSS
(Name of Person)		
Peter W. Minford		
Please return all correspondence concerni	ing this matter to the following:	
The enclosed Statement of Change of Refee(s) are submitted for filing.	gistered Agent/Registered Office for Alien Busine	ess Organization and
Dear Sir or Madam:		
(Nan	ne of Alien Business Organization)	
SUBJECT: Encore National Bank		
TO: Registration Section Division of Corporations		

INHS23 (08/05)

## 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:

i, Encore Na	tional Bank					
		(Name of alien business org	anization)			
2. <u>06/01/2011</u>		_3. Q11000000046		742585 (corr		
(Flori	ida registration date)	(Florida document no	umber)	(FEI Number, if	f applicable)	
<sub>5.</sub> 3003 Tamia	ami Trail North Suite	100, Naples FL 34103-27				
		(Principal office addr	ess)			
6. Name and	address of registered	d agent and office currently	y on record with	this office:		
	Nicholas Panicaro	· · · · · · · · · · · · · · · · · · ·	·		_	
	3003 Tamiami Tra	il North, Suite 100			_	
	Naples FL 34103				_	
7. New regist	tered agent and/or of	ffice address:			SECRETARY OF STATE STALL AND SECRETARY OF STATE OR OTHER	77
	Peter W. Minford				- 1	
	3003 Tamiami Trai	North, Suite 100			SEE SEE	
	Naples FL 34103	-2714			70 70	, C
	(Note	Registered office must be a Fl	orida street address	()	是国	2
		ered office and the street a	ddress of the bu	siness office of	f the	
9. Such chan	agent are identical. nge was authorized l I by the board of dir	by the board of directors o	or an officer of t	he corporation	ı so	
authorized	i by the board of dif	ectors.				
(e	)				_	
	(Sig	nature of chairman, vice chairm	nan, or officer)			
11 Thomas	N. Ray, Presiden	t and CEO				
* * *	(Na	me and capacity of person sign	ing in number 10 al	oove)		
12. Signature	e of new registered a	gent, if applicable:				
		ment as registered agent.	I am familiar wi	th and accept	the	
obligatit	this of section/607.0	505, Florida Statutes.				
	HI MANDO				0/24/15	X
—u	Registered agent accepti	ng appointment)			(Date)	

FILING FEE: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314