

Q17 000 000 013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

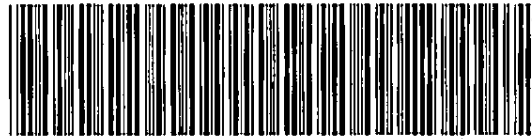
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 08 2021

S. YOUNG

2021 FEB-16 PM 7:29

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FineMark National Bank & Trust
Name of Corporation

DOCUMENT NUMBER: Q17000000013

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:

Read Sawczyn

Name of Contact Person

FineMark National Bank & Trust

Firm/Company

8695 College Pkwy Ste 100

Address

Fort Myers, FL 33919

City/State and Zip Code

rsawczyn@finemarkbank.com

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

For further information concerning this matter, please call:

Read Sawczyn

at (239) 461-3820
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 U.S.

_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FineMark National Bank & Trust

2. The principal office address: 8695 College Pkwy Ste. 100, Fort Myers, FL 33919

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/06/2017 Document number: Q17000000013

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)

Eagleston, Brian J

12681 Creekside Lane

Fort Myers, FL 33919

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

Eagleston, Brian J

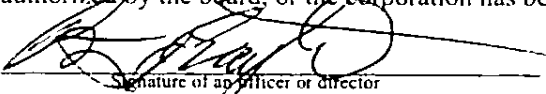
8695 College Pkwy, Ste 100

P.O. Box NOT acceptable

Fort Myers, FL 33919

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

Brian J Eagleston, CFO

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

02/09/2021

Date

If signing on behalf of an entity:

RENÉ SAWCZYN
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

2021 FEB 16 PM 7:29