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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

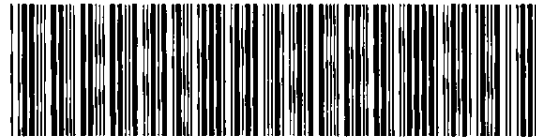
(Business Entity Name)

(Document Number)

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APR 13 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** City National Bank of Florida  
\_\_\_\_\_  
(Name of Alien Business Organization or Financial Institution)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization or Financial Institution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

S. Marshall Martin

\_\_\_\_\_  
(Name of Person)

City National Bank of Florida

\_\_\_\_\_  
(Firm/Company)

25 West Flagler Street

\_\_\_\_\_  
(Address)

Miami, Florida 33130

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

S. Marshall Martin

\_\_\_\_\_  
(Name of Person)

at ( 305 ) 577-7460

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☒ \$43.75 Filing Fee & Certified Copy

**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR  
ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION**

PURSUANT TO SECTION 607.0505 OR 655.0201, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION OR FINANCIAL INSTITUTION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. City National Bank of Florida  
(Name of alien business organization or financial institution)
2. United States 3. 59-1297458  
(State or country under which entity is organized) (FEI Number, if applicable)
4. 25 West Flagler Street Miami, Florida 33130  
(Principal office address)

5. Name and Florida Street address of registered agent.

S. Marshall Martin  
C/O City National Bank of Florida  
25 West Flagler St. 5th Floor Miami, FL 33130

6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7.   
(Signature of chairman, vice chairman, or officer)

8. Executive Vice President & General Counsel  
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent: 

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505 or 655.0201, Florida Statutes.*

S. Marshall Martin  
(Registered agent accepting appointment)

4/3/17  
(Date)

**THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT  
AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF  
FLORIDA.**

**FILING FEE \$35**

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