9170000000042

(Requestor's Name)			
(Ac	ldress)		
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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2019 OCT 23 All 9: 32



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: City National Bank of Florid	
(Name of A	Alien Business Organization)
Dear Sir or Madam:	
The enclosed Statement of Change of Registere fee(s) are submitted for filing.	ed Agent/Registered Office for Alien Business Organization and
Please return all correspondence concerning the	is matter to the following:
S. Marshall Martin	
(Name of Person)	
City National Bank of Florida	
(Firm/Company)	
100 SE 2nd Street, 13th Floor	
(Address)	
Miami, FL 33131	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
S. Marshall Martin at (305 , 577-7333
· · · · · · · · · · · · · · · · · · ·	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 amoun	t:
≥ \$35.00 Filing Fee	☐\$43.75 Filing Fee & Certified Copy

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:

l. <u>City Na</u>	tional Bank of Florida		
		(Name of alien business organization	n)
2	4/11/20173	Q1700000042	_{4.} 59-1297458
(FI	lorida registration date)	(Florida document number)	(FEI Number, if applicable)
_{5.} 100 SE 2	2nd Street, 13th Floor, M	fiami, FL 33131	
		(Principal office address)	
5. Name ar	nd address of registered a	gent and office currently on rec	ord with this office:
	S. Marshall Martin	ı	
	c/o City National E	Bank of Florida	. 2
	25 West Flagler St. 5	th Floor, Miami, FL 33130	2019 007
7. New reg	sistered agent and/or offic	ce address:	· လ လ ယ
	_		
	c/o City National Ban	k of Florida, Attn: Legal Depar	tment မှ
	100 SE 2nd Stree	t, 16th Floor, Miami, FL 3	33131
	(Note: Ro	egistered office must be a Florida stre	et address)
	et address of the registered agent are identical.	ed office and the street address	of the business office of the
	ange was authorized by ed by the board of direc	the board of directors or an off	ficer of the corporation so
10	No. Muli Signal	ture of chairman, vice chairman, or of	Ticer)
I. <u>S. Ma</u>		ntive Vice President & Ger and capacity of person signing in nu	
I hereb	are of new registered age	nt, if applicable: nt as registered agent. I am far	
	N/A		October 9 th , 2019
	(Registered agent accepting	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