

Q2 0000 000013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

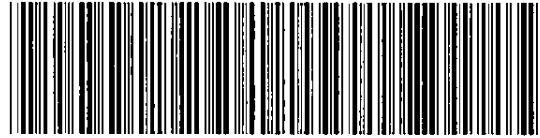
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

08-07-23

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SEACOAST NATIONAL BANK, A NATIONAL BANKING ASSOCIATION  
Name of Corporation

**DOCUMENT NUMBER:** Q2000000013

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:

KATHY HSU

Name of Contact Person

SEACOAST NATIONAL BANK

Firm/Company

815 COLORADO AVENUE

Address

STUART, FLORIDA 34994

City/State and Zip Code

Kathy.Hsu@SeacoastBank.com

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

For further information concerning this matter, please call:

DONNA DOTY

Name of Contact Person

at (561) 758-5515

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

1. The name of the corporation: SEACOAST NATIONAL BANK, A NATIONAL BANKING ASSOCIATION

2. The principal office address: 815 COLORADO AVENUE, STUART, FLORIDA 34994

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/14/2020 Document number: Q2000000013

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)

KEVIN PICART  
815 COLORADO AVENUE  
STUART, FLORIDA 34955

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

MICHAEL C SONTAG  
815 COLORADO AVENUE  
STUART, FLORIDA 34994

P.O. Box NOT acceptable


SECRETARY OF STATE  
TALLAHASSEE, FL

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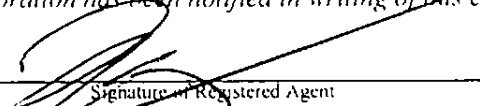
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

TRACEY L. DEXTER  
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

August 4, 2023  
Date

If signing on behalf of an entity:

SEACOAST NATIONAL BANK, A NATIONAL B.  
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