

465683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2009 JUN -3 PM 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C
JB 6/3/09



DON B. SAXON
COMMISSIONER

OFFICE OF FINANCIAL REGULATION

June 1, 2009

**FINANCIAL SERVICES
COMMISSION**

CHARLIE CRIST
GOVERNOR

BILL McCOLLUM
ATTORNEY GENERAL

ALEX SINK
CHIEF FINANCIAL OFFICER

CHARLES BRONSON
COMMISSIONER OF
AGRICULTURE

Ms. Susan Payne
Corporate Filings
Division of Corporations
Clifton Building
2661 Executive Center Circle West

Subject: Amendments to Articles of Incorporation
The Tallahassee State Bank, Tallahassee, Florida

Dear Ms. Payne:

Please file the attached article amendment and make the following distribution of certified copies:

- (1) Return one copy to: Office of Financial Regulation
Bureau of Bank Regulation
200 E. Gaines Street
Tallahassee, Florida 32399-0371
- (2) Mail one copy to: Jeannie McClure
Tallahassee State Bank
Post Office Box 2275
Tallahassee, Florida 32316-2275

The Division of Corporations already holds the bank's check in the amount of \$105.00. If you have any questions, please contact me at 410-9508.

Sincerely,

David Burgess
Financial Control Analyst
Bureau of Bank Regulation

db

cc: Federal Deposit Insurance Corporation, Atlanta, Georgia
Jeannie McClure, Tallahassee State Bank
Area Financial Manager, Tallahassee

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Tallahassee State Bank

DOCUMENT NUMBER: 465683

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeannie McClure
(Name of Contact Person)

Tallahassee State Bank
(Firm/ Company)

P O Box 2275, "
(Address)

Tallahassee, FL 32316
(City/ State and Zip Code)

For further information concerning this matter, please call:

Jeannie McClure at (850) 205-5145
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|---|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2009

JEANNIE MCCLURE
TALLAHASSEE STATE BANK
PO BOX 2275
TALLAHASSEE, FL 32316

SUBJECT: THE TALLAHASSEE STATE BANK
Ref. Number: 465683

We have received your document for THE TALLAHASSEE STATE BANK and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 009A00013050

Articles of Amendment
to
Articles of Incorporation
of

FILED
2009 JUN -3 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Tallahassee State Bank
(Name of Corporation as currently filed with the Florida Dept. of State)

465683
(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Tallahassee State Bank
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

601 N Monroe Street

Tallahassee, FL 32301

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

601 N Monroe Street

Tallahassee, FL 32301

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: April 14, 2009

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."

(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated April 14, 2009

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Sharon Weeden

(Typed or printed name of person signing)

President/CEO

(Title of person signing)

Approved by the State of Florida Office of Financial Regulation this 28th day of May, 2009.

Tallahassee, Florida

Linda B. Charity

Linda B. Charity, Director
Division of Financial Institutions
Office of Financial Regulation