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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

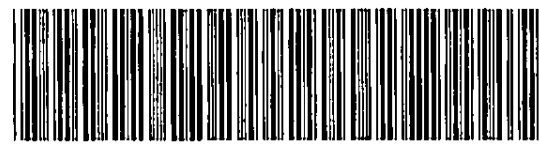
(Business Entity Name)

(Document Number)

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17 OCT 27 AM 3:51  
SECRETARY OF STATE  
ALLIANCE MI CHICAGO

WTH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2017

MELISSA JORDAN  
BYLINE BANCORP, INC.  
180 N. LASALLE, 3RD FLOOR  
CHICAGO, IL 60601

SUBJECT: BYLINE BANCORP, INC.  
Ref. Number: F17000001793

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 317A00019282

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Byline Bancorp, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F17000001793

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meissa Jordan  
(Name of Person)

Byline Bancorp, Inc  
(Firm/Company)

180 N. LaSalle, 3rd Floor  
(Address)

Chicago, IL 60601  
(City/State and Zip code)

For further information concerning this matter, please call:

meissa Jordan at (312) 460-3709  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$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  
2661 Executive Center Circle  
Tallahassee, FL. 32301

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Byline Bancorp, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F17000001793

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Jordan  
(Name of Person)

Byline Bank  
(Firm/Company)

180 N. LaSalle, 3rd Floor  
(Address)

Chicago, IL 60601  
(City/State and Zip code)

For further information concerning this matter, please call:

Melissa Jordan at ( 312 ) 460-3709  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
  - \$43.75 Filing Fee & Certificate of Status
  - \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
  - \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
- see attached letter. fee already paid*

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL.32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**Byline Bancorp, Inc.**

(Name of Corporation)

**F17000001793**

(Document Number of Corporation (if known))

**Illinois**

(Incorporated Under Laws of)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:


**180 N. LaSalle, 3rd Floor**

(Mailing Address)

**Chicago, IL 60601**

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**10.24.17**  
(Date)

**Timothy C Hadzo**  
(Typed or printed name of person signing)

**EVP**  
(Title of person signing)