

P98000053890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

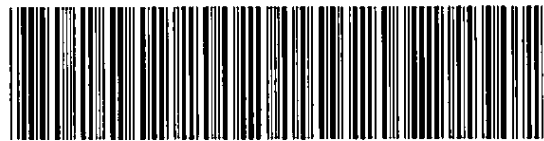
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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N/C & Amend

09/11/23--01002--003 \*\*41.7

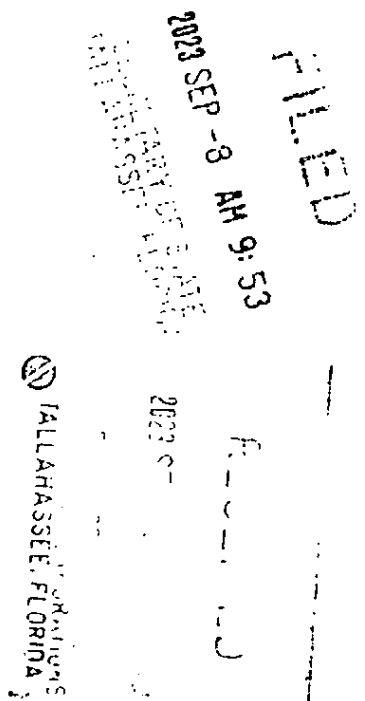
09/11/23--01006--001 \*\*8.75

A. RAMSEY

SEP 14 2023

SEP 14 2023

A. RAMSEY





Commissioner Russell C. Weigel, III

September 8, 2023

VIA: ELECTRONIC MAIL

Diane C. Cushing  
Senior Section Administrator  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

Dear Ms. Cushing:

Please file the enclosed amendments to the Amendment to Articles of Organization for TMI Trust Company, Tampa, Florida at your earliest convenience. The distribution of the certified copies should be as follows:

Amendments to Articles of Organization	
(1) One certified copy to:	Jackie Prester Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C. 165 Madison Avenue, Suite 2000 Memphis, TN 38103 (901) 577-8114
(1) One certified copy to:	Division of Financial Institutions Florida Office of Financial Regulation ✓ 200 East Gaines Street Tallahassee, Florida 32399-0371

Enclosed are the checks payable to the Florida Department of State in accordance with Section 605, Florida Statutes. The check represents payment for the filing fees and certified copies of the Articles of Organization attached.

Check No.	Amount
809084	\$43.75

If you have any questions, please do not hesitate to contact Jackie G. Prester at [jprester@bakerdonelson.com](mailto:jprester@bakerdonelson.com) or at (901) 577-8114

Sincerely,

Jason Guevara  
Financial Administrator  
Division of Financial Institutions

cc: Bureau Chief, Bureau of Bank Regulation  
Area Financial Manager, West Palm Beach

RECEIVED - FLORIDA

JUN - 1 2023

Office of Financial Regulation

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TMI Trust Company

DOCUMENT NUMBER: P98000053890

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

Please return all correspondence concerning this matter to the following:

Jackie Prester  
Name of Contact Person  
Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C.  
Firm/ Company  
165 Madison Avenue, Suite 2000  
Address  
Memphis, TN 38103  
City/ State and Zip Code  
jprester@bakerdonelson.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Prester at ( 901 ) 577-8114  
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:

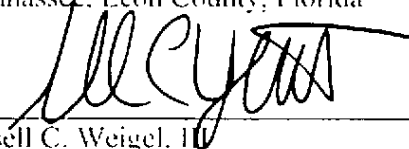
- |                                          |                                                                        |                                                                                                                |                                                                    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

**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

APPROVED by the Office of Financial Regulation this 8<sup>th</sup> day of September, 2023.

Tallahassee, Leon County, Florida



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Russell C. Weigel, III  
Commissioner  
Office of Financial Regulation

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2023 SEP -8 AM 9: 53

FMI Trust Company

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

P98000053890

(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:

Argent Institutional Trust Company

*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)

N/A

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

N/A

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

N/A

*(Florida street address)*

New Registered Office Address:

N/A

*(City)*

Florida

*(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*

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

**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)*

*Please note the officer/director title by the first letter of the office title*

*P = President, V = Vice President, T = Treasurer, S = Secretary, D = Director, TR = Trustee, C = Chairman or Clerk, CEO = Chief Executive Officer, CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD*

*Changes should be noted in the following manner: Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add*

**Example:**

☒ Change                      PT        John Doe

☒ Remove                      V        Mike Jones

☒ Add                              SV        Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>Danny L. Buck</u>	<u>156 Balcones Bend</u>
<input type="checkbox"/> Add			<u>Boerne, TX 78006</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>D</u>	<u>Brian P. Bouda</u>	<u>13209 Treviso Drive</u>
<input checked="" type="checkbox"/> Add			<u>Bradenton, FL 34211</u>
<input type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>D</u>	<u>Steven B. Eason</u>	<u>2104 W. First Street</u>
<input checked="" type="checkbox"/> Add			<u>Unit 1804</u>
<input type="checkbox"/> Remove			<u>Fort Myers, FL 33901</u>
4) <input type="checkbox"/> Change	<u>D</u>	<u>Troy L. Kilpatrick</u>	<u>171 Knoxview Lane</u>
<input checked="" type="checkbox"/> Add			<u> Mooresville, NC 28117</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>D</u>	<u>D. Kyle McDonald</u>	<u>500 E Reynolds Drive</u>
<input checked="" type="checkbox"/> Add			<u>Ruston, LA 71270</u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u>D</u>	<u>Kaivan Rahbari</u>	<u>7730 Flemingwood Court</u>
<input checked="" type="checkbox"/> Add			<u>Sanford, FL 32771</u>
<input type="checkbox"/> Remove			<u></u>

6) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ Add \_\_\_\_\_  
 \_\_\_\_\_ Remove \_\_\_\_\_

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

*(Attach additional sheets, if necessary) (Be specific)*

N/A

**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: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: N/A  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

**Adoption of Amendment(s) (CHECK ONE)**

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

August 29, 2023  
Dated \_\_\_\_\_

Signature Deborah D. George  
(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)

Deborah D. George  
\_\_\_\_\_  
(Typed or printed name of person signing)  
Chief Financial Officer  
\_\_\_\_\_  
(Title of person signing)