

429194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

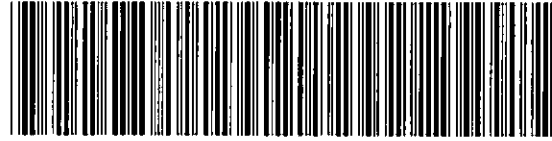
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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effective date 02/19/19

02/05/19--01004--011 **52.50

Name Change

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STATE
CORPORATIONS
19 FEB -4 PM 4:31
DATE
TAX
CASH

FEB - 5 2019

D CUSHING

FLORIDA OFFICE OF
FINANCIAL REGULATION

www.flofr.com

February 4, 2019

VIA INTEROFFICE MAIL

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

Dear Ms. Cushing:

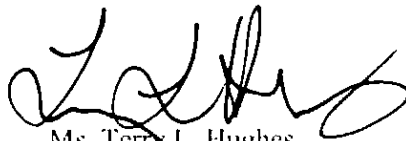
Please file the enclosed Amendment to the Articles of Incorporation for The First State Bank of Arcadia, Arcadia, Florida; effective date of February 19, 2019. The distribution of the certified copies should be as follows:

- (1) One copy to: Office of Financial Regulation
Division of Financial Institutions
200 East Gaines Street
Tallahassee, Florida 32399-0371
- (1) One copy to: Attention: Bradley L. Wilson
Crews Banking Corporation
106 East Main Street
Wauchula, Florida 33873

19 FEB -1 4:19:15
RECEIVED
DIVISION OF FINANCIAL INSTITUTIONS

Enclosed is check No. 22932, totaling \$52.50, payable to the Florida Department of State. The check represents payment for the filing fee and one certified copy for the attached Amendment to Articles of Incorporation, as well as the fee and cost for an additional certified copy. If you have any questions, please do not hesitate to contact our office.

Sincerely,



Ms. Terry L. Hughes
Bureau Chief
Division of Financial Institutions

TLH/km

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE FIRST STATE BANK OF ARCADIA

DOCUMENT NUMBER: 429194

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

Please return all correspondence concerning this matter to the following:

Brad Wilson

Name of Contact Person

Crews Banking Corporation

Firm/ Company

106 East Main Street

Address

Wauchula / Florida 33873

City/ State and Zip Code

bwilson@crewsbankcorp.com

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

For further information concerning this matter, please call:

Brad Wilson

at (941)

235-5199

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:

☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

THE FIRST STATE BANK OF ARCADIA

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

429194

(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:

CREWS BANK & TRUST

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, 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)

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	N/A	_____
<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)

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)

N/A

The date of each amendment(s) adoption: December 20, 2018, if other than the date this document was signed.

Effective date if applicable: February 19, 2019
(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 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

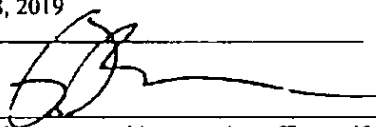
by _____."
(voting group)

- ☐ 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 January 8, 2019

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)

Bradley L. Wilson

(Typed or printed name of person signing)

Chief Financial Officer

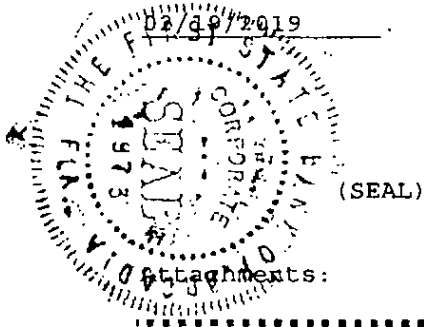
(Title of person signing)

NOTICE TO THE
OFFICE OF FINANCIAL REGULATION
FOR A CHANGE IN CORPORATE NAME

Date: 01 /23 /2019

Charter No. 429194

The First State Bank of Arcadia hereby requests approval to change its corporate name to: Crews Bank & Trust and hereby submits an executed amendment to its Articles of Incorporation for approval by the Office of Financial Regulation, and authorizes the Office of Financial Regulation to file the amendment with the Division of Corporations. The proposed effective date for the name change is:



Bradley L. Wilson
Name of Authorized Officer

Chief Financial Officer
Title of Authorized Officer

Attachments: (X) Executed Amendment

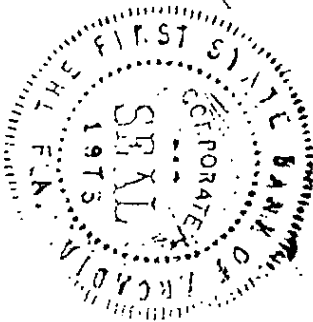
WORKSHEET FOR AMENDMENT OF ARTICLES OF INCORPORATION

The undersigned officers of The First State Bank of Arcadia, Arcadia, Florida do hereby certify that the Board of Directors of said financial institution approved and proposed to the sole shareholder of the only class of stock of the financial institution, the amendment to Article 1 of the Articles of Incorporation as set out herein. Thereafter, on the 20th day of December, A.D. 2018, and in compliance with Section 607.0704, Florida Statutes, and with the Articles of Incorporation and bylaws of said corporation the sole shareholder approved, by written consent, the amendment changing the name of the corporation to Crews Bank & Trust and amending Article 1 of the Articles of Incorporation so that effective February 19, 2019, in lieu of its present language it shall read:

Article 1

The name of the corporation shall be: Crews Bank & Trust
and its place of business, now known as its initial place of business,

shall be 400 North Brevard Avenue
in the City of Arcadia, in the County of DeSoto
, and in the State of Florida.



Corporate Seal)

Kevin P. Hagan, President

Bradley L. Wilson, CFO

STATE OF FLORIDA

COUNTY OF Desoto

The foregoing instrument was acknowledged before me this 23rd day of
January, A.D. 2019.

Notary Public -- State of Florida at Large

My Commission Expires: 9/8/2021



Approved by the Office of Financial Regulation this 4th day of
February, 2019.

Jeremy W. Smith
Director, Division of Financial Institutions