F0100000 2368

(Requestor's Name)				
(Address)				
(Address)	_			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				
}	1			

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 5, 2021

Order#: 610140-055

Re: TRUIST BANK

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	rovisions of sections 607.0502, 617.050 uge is submitted for a corporation organ to change its registered office or registe	ized under the laws of the State of $_$	North Carolina
1. The name of th	ne corporation: TRUIST BANK		
2. The principal of	office address: 214 North Tryon Street,	Charlotte, NC 28202	
3. The mailing ac	ddress (if different): c/o Katrina D. Ramey	, 200 West Second Street, 3rd Floor, V	Winston-Salem, NC 2710
		Document number: F01000	
	street address of the current registered a ment of State: (If resigned, enter resigne		th the
	C T Corporation System		_
	1200 South Pine Island Road		- \ <u>\</u>
	Plantation	FL 33324	
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered off	ice & A.
	Corporation Service Company		بـُ ،
	1201 Hays Street		
		NOT acceptable	
	Tallahassee	FL 32301	
The street address as changed will l	ss of its registered office and the street be identical.	address of the business office of its	s registered agent,
Such change was authorized by the	s authorized by resolution duly adopted e board, or the corporation has been no	by its board of directors or by an diffed in writing of the change.	officer so
X	2 COMI	Jill Cilmi, Vice President	
StgNature	of an officer or director	Printed or typed name and tit	le
I further tigree to of my duties, and document is beir corporation has	the appointment as registered agent and comply with the provisions of all state I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Service Company	ttes relative to the proper and com gation of my position as registered e registered office address, I hereb	plete performance Lagent. Or, if this y confirm that the
Ву: СД	m Leil_	01/18/2021	
	alure of Registered Agent	Date	
If signing on beh	nalf of an entity:		
	Asst. Vice President		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *