

F06 00000 5586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

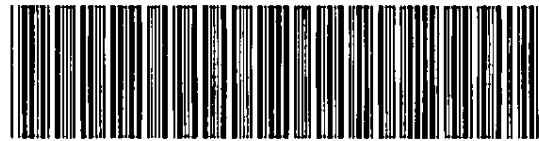
(Document Number)

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2022 OCT 31 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BancorpSouth Bank

Name of Corporation

DOCUMENT NUMBER: F06000005586

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carol S. Massey

Name of Contact Person

Cadence Bank

Firm/Company

2100 Third Ave. North, Suite 1100

Address

Birmingham, AL 35203

City/State and Zip Code

carol.massey@cadencebank.com

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

For further information concerning this matter, please call:

Carol S. Massey

at (205) 488-3327

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F06000005586

(Document number of corporation (if known))

1. BancorpSouth Bank

(Name of corporation as it appears on the records of the Department of State)

2. Mississippi

3. 8/25/2006

(Incorporated under laws of)

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 10/29/2021

5. Cadence Bank

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. 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

(Florida street address)

New Registered Office Address:

(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

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Executive <input checked="" type="checkbox"/>	Paul B. Murphy, Jr.	1300 West Loop South, Houston, TX 77027	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
CFO	Valerie C. Toalson	1300 West Loop South, Houston, TX 77027	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Cathy S. Freeman

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

Cathy S. Freeman

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00



DELBERT HOSEMAN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate

I, Michael D. Watson, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify that:

Business ID: 645586

Business Name: **CADENCE BANK**

Registered Agent:
Charles Pignuolo
201 South Spring Street
Tupelo, MS 38804

Status: Good Standing

Given under my hand and seal of office
the 26th day of October, 2022

A handwritten signature in black ink that reads "Michael Watson".

Michael D. Watson, Secretary of State

Certificate Number: CN22151386

Verify this certificate online at <http://corp.sos.ms.gov/corpeconv/verifycertificate.aspx>