

FO9 000002864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

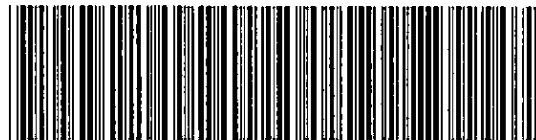
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100390683241

07 15 31--01 11--021 \*\*35.00

2022 JUL 15 AM 10:53

100390683241

Name Change

OCT 18 2022

D CUSHING

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Name Change Amendment

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F09000002864

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 35023

\_\_\_\_\_  
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 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  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 JUL 15 11:10:53

**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)**

F09000002864

(Document number of corporation (if known))

1. BXS Insurance, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Mississippi 3. 7/15/2009  
(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? 7/1/2022
5. Cadence Insurance, Inc.  
(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.

No change

(New duration)

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

No change

(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: \_\_\_\_\_, 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*

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<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**



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

Cadence Insurance, Inc.

Business ID: 695935

The attached 2 pages are true and correct copies of documents filed in the Mississippi Secretary of State's Office pursuant to the Mississippi Code of 1972 Annotated.

This the 28th day of June, 2022.

Given under my hand and seal of office  
the 28th day of June, 2022

A handwritten signature in black ink, appearing to be "JL", written over a horizontal line.

Jeffrey L. Lee, Assistant Secretary of State

Certificate Number: CN22142572

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

**F0012**  
**Fee: \$ 50**



**Michael Watson**  
SECRETARY OF STATE

**2022184708**

Business ID: 695935  
Filed: 04/06/2022 08:28 AM  
Michael Watson  
Secretary of State

**Articles/Certificate of Amendment**

**Business Details**

**Business ID:** 695935

**Business Name:** BXS INSURANCE, INC.

**Future Effective Date:** 07/01/2022

**Current Business Name**

**Business Name:** BXS INSURANCE, INC.

**Amended Business Name**

**Business Name:** Cadence Insurance, Inc.

**Adoption and Approval Voting**

The amendment(s) was(were) adopted on 02/10/2022.

- ☐ The Incorporators.
- ☐ The Directors without shareholder action and shareholder action was not required.
- ☒ The shareholders in the manner required by the Mississippi Business Corporation Act and the Articles of Incorporation.

**Signature**

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **04/06/2022**.

**Name:**

Cathy S Freeman  
Secretary

**Address:**

201 South Spring Street  
Tupelo, MS 38804



**MIKE CHANEY**  
Commissioner of Insurance  
State Fire Marshal

**MARK HAIRE**  
Deputy Commissioner of  
Insurance

**MISSISSIPPI INSURANCE DEPARTMENT**

501 N. WEST STREET, SUITE 1001  
WOOLFOLK BUILDING  
JACKSON, MISSISSIPPI 39201  
[www.mid.state.ms.us](http://www.mid.state.ms.us)

MAILING ADDRESS  
Post Office Box 79  
Jackson, MS 39205-0079  
TELEPHONE: (601) 359-3569  
FAX: (601) 359-1951

Delivered via Email  
[Andy.impastato@bksi.com](mailto:Andy.impastato@bksi.com)  
m

March 03, 2022

Cadence Insurance, Inc.  
Attn: Chris Boone  
525 East Capitol Street  
Jackson, MS 39201

**Re: Name Approval – Cadence Insurance, Inc.**

Mr. Boone:

In regards to your request received by our office on March 03, 2022; the Mississippi Insurance Department Licensing Division has no objection to **Cadence Insurance, Inc.** using *the* word “**Insurance**” in the name of the aforementioned entity.

Sincerely,

Mike Chaney  
COMMISSIONER OF INSURANCE

BY *Janet Courtney*  
Janet Courtney, ASCP, ESCP,  
BSC



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL 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 on the 16th day of June, 1997, the State of Mississippi issued a Charter/ Certificate of Authority to:

**CADENCE INSURANCE, INC.**

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said Cadence Insurance, Inc. is in good standing at this time.

Given under my hand and seal of office  
the 28th day of June, 2022

Certificate Number: CN22142572

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