

F10 0000002773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

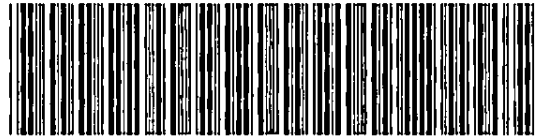
(Business Entity Name)

(Document Number)

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

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Office Use Only



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**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Beal Bank, SSIB

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

**DOCUMENT NUMBER:** F10000002773

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adriana J. Diaz

\_\_\_\_\_  
Name of Contact Person

Beal Service Corporation

\_\_\_\_\_  
Firm/Company

6000 Legacy Drive

\_\_\_\_\_  
Address

Plano, TX 75024

\_\_\_\_\_  
City/State and Zip Code

Licensing@bealservice.com

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

For further information concerning this matter, please call:

Adriana J. Diaz

at ( 469 ) 229-8665

\_\_\_\_\_  
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

**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)**

F10000002773

(Document number of corporation (if known))

1. Beal Bank, SSB  
(Name of corporation as it appears on the records of the Department of State)
2. Texas (Incorporated under laws of) 3. 6/10/2010 (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? 12/15/2020
5. Beal 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: \_\_\_\_\_, 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.*

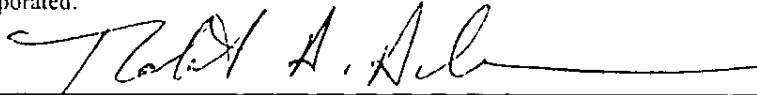
\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

2020-12-15 09:11:30

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>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	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.



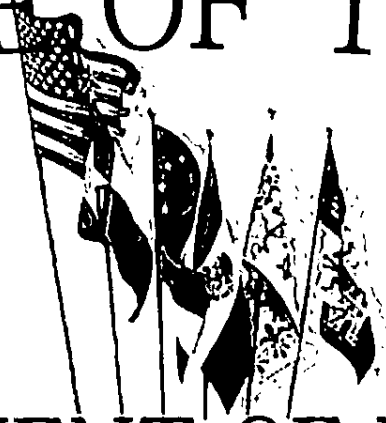
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Robert A. Ackermann  
(Typed or printed name of person signing)

VP/Secretary/Treasurer  
(Title of person signing)

**FILING FEE \$35.00**

# STATE OF TEXAS



## DEPARTMENT OF BANKING

### CERTIFICATE OF AUTHORITY

3229-04

Charter number

This is to certify that

Beal Bank

Effective December 15, 2020

is duly authorized under the laws of the State of Texas to  
conduct the business of banking at

6000 Legacy Drive

Plano, Collin County, Texas

In witness whereof I have hereunto set my hand at the City of  
Austin, Travis County, in the State of Texas.

A stylized signature of Charles G. Cooper in black ink.

Charles G. Cooper, Banking Commissioner of Texas

Established  
1905



***THE STATE OF TEXAS***  
**TEXAS DEPARTMENT OF BANKING**

**CERTIFICATE OF CONVERSION**

The undersigned, as the Director of Corporate Activities, hereby certifies that the attached Certificate of Conversion of

**Beal Bank, SSB**  
Plano, Texas  
A Texas State Savings Bank  
into  
**Beal Bank**  
Plano, Texas  
A Texas State Banking Association  
Charter Number 3229-04

has been received in this office and is found to conform to law.

ACCORDINGLY, the undersigned, acting for the Banking Commissioner, and by virtue of the authority vested in the Banking Commissioner by law, hereby issues this Certificate of Conversion.

Issuance of this Certificate of Conversion does not authorize the use of a corporate name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Effective: December 15, 2020



Mark R. Largent, Director of Corporate Activities