

FB 000005356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

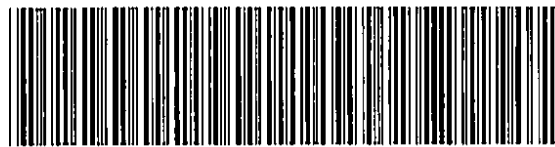
(Document Number)

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JUL 28 2023

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05/22/23--01020--029 **25.00

FILED
2023 MAY 22
SECRET
TALLAHASSEE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: FIDELITY HOMESTEAD SAVINGS BANK

Name of Corporation

DOCUMENT NUMBER: F13000005356

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER MAISE

Name of Contact Person

FIDELITY BANK

Firm/Company

353 CARONDELET STREET

Address

NEW ORLEANS, LA 70130

City/State and Zip Code

JENNIFERMAISE@BANKWITHFIDELITY.COM

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

For further information concerning this matter, please call:

KIMBERLY C. COLE

Name of Contact Person

at (850) 610-0185

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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)

FL3000005356

(Document number of corporation (if known))

1. FIDELITY HOMESTEAD SAVINGS BANK

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

2. LOUISIANA

(Incorporated under laws of)

3. 12/12/2013

(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? 12/01/2014

5. FIDELITY 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

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
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_____	_____	_____	<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



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

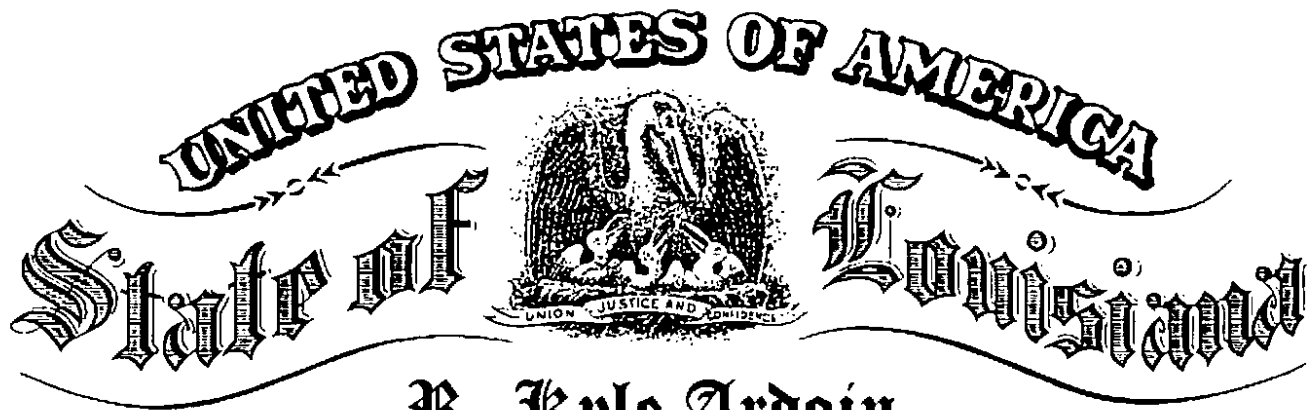
Chris Ferris

(Typed or printed name of person signing)

President/CEO

(Title of person signing)

FILING FEE \$35.00



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that
the attached document(s) of

FIDELITY BANK FORMERLY FIDELITY HOMESTEAD SAVINGS BANK

are true and correct and are filed in the Louisiana Secretary of State's Office.

73-3774 TRADE 10/15/2020 2 page(s)

In testimony whereof, I have hereunto set my
hand and caused the Seal of my Office to be
affixed at the City of Baton Rouge on,

May 16, 2023

Secretary of State

WEB 73-3774



Certificate ID: 11731156#3CF52

To validate this certificate, visit the following
web site, go to **Business Services**, **Search**
for Louisiana Business Filings, **Validate a**
Certificate, then follow the instructions
displayed.

www.sos.la.gov

STATE OF LOUISIANA
APPLICATION TO REGISTER TRADE NAME
TRADEMARK AND/OR SERVICE MARK

(PURSUANT TO R.S. OF 1950, TITLE 51, CHAPTER 1, PART VI AS AMENDED)

Applying for:

- SERVICE MARK (\$75 PER CLASS)
36 - INSURANCE & FINANCIAL

Charter Number:

NA

Name of person(s), Corporation, Limited Liability Company or Partnership applying for registration:

FIDELITY BANK

If applicant is a corporation, list state of incorporation:

LOUISIANA

Full street address and P.O. Box address, city, state, and zip of applicant:

353 CARONDELLET STREET
NEW ORLEANS, LA, 70130

Name of trade name, trademark or service mark to be registered. If logo is included, please describe.

FIDELITY BANK FORMERLY FIDELITY HOMESTEAD SAVINGS BANK

Do you have a logo as part of your registration:

NO

Type of business or list of goods or services to which the trade name, trademark, or service mark is applied:

FINANCIAL INSTITUTION

Date trade name, trademark, service mark first used by applicant:

05/06/2009

Date trade name, trademark, service mark first used in Louisiana:

05/06/2009

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

I, THE APPLICANT, AM THE OWNER OF THE TRADE NAME, TRADEMARK, OR SERVICE MARK SOUGHT TO BE REGISTERED AND NO OTHER PERSON, FIRM, ASSOCIATION, UNION, OR CORPORATION HAS THE RIGHT TO SUCH USE IN SUCH CLASS, EITHER IN THE IDENTICAL FORM HEREINABOVE DESCRIBED, OR IN ANY SUCH RESEMBLANCE THERETO AS MAY BE CALCULATED TO DECEIVE, AND THE FACSIMILES OR COUNTERPARTS HEREIN FILED ARE TRUE AND CORRECT. BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE APPLICANT, OR AN AUTHORIZED

REPRESENTATIVE OF THE APPLICANT, NAMED IN THE FOREGOING APPLICATION,
AND THAT THE FACTS ALLEGED IN SAID APPLICATION ARE TRUE.

ELECTRONIC SIGNATURE: DEANA VEAL (10/15/2020)

TITLE: SVP/COMPLIANCE DIRECTOR



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

In response to your request we are pleased to provide the information on the subject
SERVICE MARK which was registered in this office on October 15, 2020 and expires on
October 15, 2030.

Type(s) Registered: SERVICE MARK

Registered Name: FIDELITY BANK FORMERLY FIDELITY
HOMESTEAD SAVINGS BANK

Applicant: FIDELITY BANK
353 CARONDELET STREET
NEW ORLEANS, LA 70130

Type of Business: FINANCIAL INSTITUTION

Book #: 73-3774

Current Status: ACTIVE

Registration Date: 10/15/2020

Expiration Date: 10/15/2030

Date First Used: 5/6/2009

Date First Used in Louisiana: 5/6/2009

Current Classes

Start Date	Class Name
10/15/2020	36 INSURANCE & FINANCIAL

Expired Classes

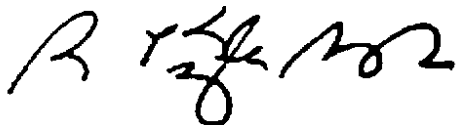
No Expired Classes

Amendments On File

No Amendments on file

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 16, 2023



Secretary of State

WEB 73-3774



Certificate ID: 11731155#T9E52

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov