# F17000000 781

(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



200358604592

2021 JAN 27 P 4: 40

ED .... J3127 PH 2

(7)

MC

JAN 28 2021

D COMNELL

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO TORROSO OF
ACCOUNT NO. : I2000000195
REFERENCE : 635865 7113721
AUTHORIZATION: Lovelle Ban
COST LIMIT : \$35.00
ORDER DATE : January 26, 2021
ORDER TIME : 10:47 AM
ORDER NO. : 635865-010
CUSTOMER NO: 7113721
FOREIGN FILINGS
NAME: SUNTRUST ADVISORY SERVICES, INC.
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT# 61594

EXAMINER:

## **COVER LETTER**

	InTrust Advisory		Inc.	
DOCUMENT NU	Name	of Corporation		
The enclosed Ame	ndment and fee are submitted for	filing.		
Please return all co	orrespondence concerning this ma	atter to the following	g:	
Hasana S	Stanberry			
	Name of Contact Person		_	
Truist Ba	nk			
	Firm/Company		_	
303 Peac	htree Street, NE			
	Address		_	
Atlanta, C	Seorgia 30308			
<del></del>	City/State and Zip Code		-	
hasana s	tanberry@truist.d	nm		
	ss: (to be used for future annual r			
		•		
	ation concerning this matter, plea		042 (	2705
Hasana S	<del></del>	_ at (	<u>,</u> 813-6	
Name	e of Contact Person	Area Code	& Daytime	Telephone Number
Enclosed is a checl	k 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
<u>Mailing A</u> Amendme Division o			ddress: nent Section of Corporati	ons
P.O. Box	6327	The Cen	tre of Tallaha	issee
Tallahasse	ee, FL 32314	2415 N.	Monroe Stree	et, 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)

F17000000781

(Document	number of corporation (if known)	_		
SunTrust Advisory Services, Inc.				
(Name of corporation as it	appears on the records of the Department	of State)		
DELAWARE	3 02/17/2017			
(Incorporated under laws of)	(Date authorized to	(Date authorized to do business in Florida)		
(4-7 COMPLETE	SECTION II ONLY THE APPLICABLE CHANGES	8)		
If the amendment changes the name of the corporation, vincorporation? 12/14/2020	when was the change effected under the la	ws of its jurisdiction of		
Truist Advisory Services, Inc.				
(Name of corporation after the amendment, adding suffi- not contained in new name of the corporation)				
(Name of corporation after the amendment, adding suffi- not contained in new name of the corporation)  (If new name is unavailable in Florida, enter alternate con	rporate name adopted for the purpose of tr			
(Name of corporation after the amendment, adding suffi- not contained in new name of the corporation)  (If new name is unavailable in Florida, enter alternate con	rporate name adopted for the purpose of tr	ransacting business in Florida)		
(Name of corporation after the amendment, adding suffinot contained in new name of the corporation)  (If new name is unavailable in Florida, enter alternate contained in the amendment changes the period of duration, in	rporate name adopted for the purpose of tr dicate new period of duration.  (New duration)	ransacting business in Florida)		
(Name of corporation after the amendment, adding suffinot contained in new name of the corporation)  (If new name is unavailable in Florida, enter alternate contained in the amendment changes the period of duration, in	rporate name adopted for the purpose of tr dicate new period of duration.  (New duration)	ransacting business in Florida)		

itle/ Capacity	<u>Name</u>	Address		Type of Action	
<u></u>				DAdd	
				□Remove	
				□Remove	
				□.Add	
				□Remove	
				□Adđ	
				□Remove	
				□Add	
			<u>.                                    </u>	□Remove	
Attached is a coof the application under the laws of	ertificate or document of similar import, evi- on to the Department of State, by the Secretar of which it is incorporated.	dencing the amendment, y of State or otherofficial	authenticated nor having custody c	t more than 90 days prior to de of corporate records in the jurisd	liver lictio
	Hanas	na Stanborry	Hasana Stanberry	Digitally signed by Hissana Stanberry Oate: 2021.01.12.20:29:38 -05:00*	
	(Signature of a director	r, president or other offic irt appointed fiduciary, b	er - if in the hand y that fiduciary)	s of	
Hasana Stan	вьеггу	Δ.	ssistant Vice Pr	resident	
(	Typed or printed name of person signing)		(Title of pers	on signing)	

FILING FEE \$35.00



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SUNTRUST ADVISORY

SERVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "TRUIST ADVISORY SERVICES, INC." ON THE FOURTEENTH DAY

OF DECEMber, A.D. 2020, AT 8:02 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.



Authentication: 202371941

Date: 01-26-21

#### **COVER LETTER**

	ent Section Division of Corporation		•	
SUBJECT: SU	nTrust Advisory	Services, of Corporation	Inc.	
DOCUMENT NU	E470000000			
	ndment and fee are submitted for	filing.		
Please return all co	orrespondence concerning this ma	itter to the followi	ng:	
Hasana S	Stanberry			
	Name of Contact Person		_	
Truist Ba	nk			
	Firm/Company		<del>_</del> _	
303 Peac	htree Street, NE			
	Address		<del>-</del>	
Atlanta, C	Georgia 30308			
	City/State and Zip Code	<del></del>	<del></del>	
hasana.s	tanberry@truist.d	com		
	ss: (to be used for future annual r	<del> </del>		
For further informa	ntion concerning this matter, pleas	se call:		
Hasana S	Stanberry	_ at ( 404	<u>, 813-6</u>	6735
Name	e of Contact Person	Area Cod	le & Daytime	Telephone Number
Enclosed is a check	k for the following amount:			
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Fi Certified Co		☐ \$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