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DATE:

12/3/18

NAME: PROSPECT BANK

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Prospect Bank

Name of Corporation

DOCUMENT NUMBER: F18000001830

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Cambridge

Name of Contact Person

Armstrong Teasdale LLP

Firm/Company

7700 Forsyth Blvd., Suite 1800

Address

St. Louis, MO 63105

City/State and Zip Code

pcambridge@armstrongteasdale.com

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

For further information concerning this matter, please call:

Paul Cambridge

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | nge is submitted | ctions 607.0502, 61 I for a corporation | organized unde | er the laws of | f the State of _ | Illinois | |
|---|---|---|---|--|---|---|----------------|
| | • | egistered office or a Prospect Ba | | u, or both, in | the State of Fl | 'orida. | |
| The name of the corporation: Prospect Bank The principal office address: 177 West Wood Street, Paris, IL 61944 | | | | | | | |
| 3. The mailing a | ddress (if differe | ent):_Same as | above | | | | |
| 4. Date of incorp | oration/qualifica | ation: 4/16/20 |)18 _{Do} | cument numb | ber: _F1800 | 0001830 | |
| | | f the current registe If resigned, enter re | | registered of | fice on file with | h the | |
| | Amber Eir | hart | | | | | |
| | 2846 1st L | ane | | | | B DE SECRE ALLA | 71 |
| | Vero Beac | ch, FL 32968 | | | | DEC -3 AHASSE | FILED |
| 6. The name and (if changed): | street address of | f the new registere | d agent (if char | iged) and /or | registered offic | AH 9: 25 LOF STATE EE, FLORIDA B | 0 |
| | Amber Eir | hart | | | | 25 ADA | ; 1 |
| | 9939 E. Ve | erona Circle | | | | | |
| | Vero Beac | _{Р.О Во} ch, FL 32966 | ox NOT acceptable | | | | |
| | | <u> </u> | | | | | |
| The street address as changed will | ss of its registere be identical. | ed office and the s | street address o | f the busines | is office of its | registered agen | it, |
| Such change was authorized by the | s authorized by a e board, or the c | resolution duly ad corporation has be | lopted by its bo en notified in v | ard of direct vriting of the | ors or by an of change. | fficer so | |
| Signatur | e bi an officer da direc | - Average | Jene | | s, Executiv | ve VP | |
| I hereby accept if further agree to performance of agent. Or John hereby confirm t | the appointment o comply with th my duties, and I s doownent is be hat the corporal | as registered age ne provisions of al am familiar with t eing filed merely to tion has been notij | int and agree to Il statutes relati and accept the o reflect a char fied in writing | act in this cive to the pro obligation o age in the res of this chang | :apacity. :per and comp f my position a gistered office ge. | lete 2s registered address, I | |
| - Calesian | ature of Registered Ag | geni | _10 | 1-3-2 | 6/8 Date | | |
| If signing on beh | nalf of an entity; | | | | | | |
| Amber Ein | chart | | | | | | |
| | ped or Printed Name | | | | | | |

* * * FILING FEE: \$35.00 * * *