

793 000001448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

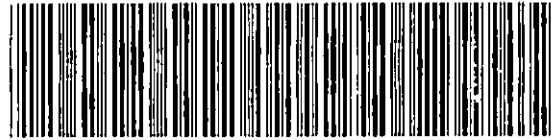
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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20 FEB -6 PM 4:57

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FEB -7 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BANCO DE SABADELL, S.A.

Signature _____

Requested by: BA

2/6/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- ☒ _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BANCO DE SABADELL, S.A.

Name of Corporation

DOCUMENT NUMBER: F93000001448

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYANETTE GAULION

Name of Contact Person

BANCO DE SABADELL, S.A.

Firm/Company

1111 Brickell Avenue, Suite 3010

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

LYANETTE.GAULION@SABADELLBANK.COM

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

For further information concerning this matter, please call:

LYANETTE.GAULION@SABADELLBANK.COM at (305) 323-4962

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)

F93000001448

(Document number of corporation (if known))

1. BANCO DE SABADELL, S.A.

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

2. FLORIDA

(Incorporated under laws of)

3. MARCH 24, 1993

(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? _____

5. _____
(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 the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
M	MAURICI LLADO	1111 BRICKELL AVENUE, SUITE 3010	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Remove
SOLE SH	HSBC HOLDINGS PLC	HSBC HOLDINGS PLC	<input type="checkbox"/> Add
		NEW YORK	<input checked="" 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.



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

 (Typed or printed name of person signing)

 CHIEF FINANCIAL OFFICER,

 (Title of person signing)

FILING FEE \$35.00

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 20 FEB -6 PM 4:57
 DEPT. OF STATE
 CORP. SEC. DIV.
 FLORIDA