F9700000 Louis 1

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(orginal de la company)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800349926798

1 9000 to 10 Ph 12: 57

C. GOLDEN AUG 1 1 2020

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 374736 7113721
AUTHORIZATION: Spelle Blend
COST LIMIT : \$ 35.00
ORDER DATE : August 3, 2020
ORDER TIME : 11:25 AM
ORDER NO. : 374736-025
CUSTOMER NO: 7113721
FOREIGN FILINGS
NAME: SUNTRUST ROBINSON HUMPHREY, 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

EXAMINER:

CONTACT PERSON: Amanda Robinson -- EXT# 62968

COVER LETTER

TO: Amendme	nt Section Division of Corporatio	ns		
SUBJECT:SunT	rust Robinson Humphrey, Inc.			
SOBJECT	Name	of Corporation		
DOCUMENT NU	MBER:			
The enclosed Amer	ndment and fee are submitted for	filing.		
Please return all co	rrespondence concerning this mat	ter to the following	:	
HASANA STANB	ERRY			
	Name of Contact Person			
TRUIST BANK				
	Firm/Company			
303 PEACHTREE	ST NE - 9TH FLOOR			
	Address			
ATLANTA, GEOR	RGIA 30308		_	
	City/State and Zip Code			
HASANA.STAN	BERRY@SUNTRUST.COM			
E-mail addre	ss: (to be used for future annual re	eport notification)		
For further informa	ation concerning this matter, pleas	se call:		
HASANA STANE		at (813-6735)	
Name	e of Contact Person	Area Code	& Daytime T	Telephone Number
Enclosed is a check	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

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)

2010 F 1 10 PH 12: 57

	F97000006667		
(Document	t number of corporati	on (if known)	
SunTrust Robinson Humphrey, Inc.			
(Name of corporation as it	appears on the record	ds of the Department of Sta	te)
TENNESSEE	3.	12/17/1997 (Date authorized to do l	
(Incorporated under laws of)		(Date authorized to do l	ousiness in Florida)
	SECTION II		
(4-7 COMPLETE	ONLY THE APPLI	CABLE CHANGES)	
f the amendment changes the name of the corporation, vincorporation? AUGUST 3, 2020	when was the change		its jurisdiction of
Truist Securities, Inc.			
Name of corporation after the amendment, adding suffinot contained in new name of the corporation)	ix "corporation," "cor	npany," or "incorporated,"	or appropriate abbreviation
f new name is unavailable in Florida, enter alternate con	rporate name adopted	i for the purpose of transac	ting business in Florida)
If the amendment changes the period of duration, in	idicate new period of	duration.	
	(New duration)		
If the amendment changes the jurisdiction of incorp	oration, indicate new	jurisdiction.	
	(New jurisdiction)		_
f amending the registered agent and/or registered of	ffice address in Flor	ida, enter the name of the	<u>.</u>
	1.1		
new registered agent and/or the new registered office	e address:		_
	e address:		
Name of New Registered Agent			
Name of New Registered Agent	e address: Florida street address)	
Name of New Registered Agent	Florida street address) Florida_	
Name of New Registered Agent			(Zip Code)

Signature of New Registered Agent, if changing

Fitle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			Add
	_		
			□Add
	-		
			Add
	_		CRemove
	_	<u> </u>	
			□Add
	_		
Attached is a certificate of the application to the under the laws of which	or document of similar import, evider Department of State, by the Secretary o it is incorporated.	ncing the amendment, authentic f State or other official having c	cated not more than 90 days prior to delivustody of corporate records in the jurisdic
_	(Signature of a director, p	Stanberry resident or other officer - if in a appointed fiduciary, by that fid	the hands of
	a receiver or other court	appointed fiductiary, by that fid	uciary)

FILING FEE \$35.00



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

CFS SUITE B

992 DAVIDSON DRIVE NASHVILLE, TN 37205

Control # 10573

Receipt # : 5701473 Filing Fee: \$20.00 August 3, 2020

Effective Date:

07/29/2020

CERTIFICATE OF NAME CHANGE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that Articles of Amendment of **SUNTRUST ROBINSON HUMPHREY, INC.** were filed in this office on the effective date noted above, changing the name to **TRUIST SECURITIES, INC.**.

Tre Hargett Secretary of State

Processed By: Michelle Holloway