

P05000112780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

(Document Number)

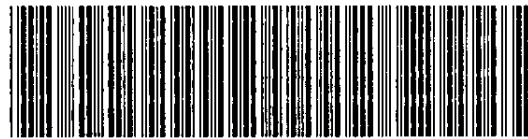
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05/03/11--01023--001 **61.25

Effective date

5-31-11

5-3-11

NC

Thurs

SECRETARY OF STATE
TALLAHASSEE FLORIDA

11 MAY -2 AM 10:11

FILED



J. THOMAS CARDWELL
COMMISSIONER

101 East Gaines Street, Suite 636, Tallahassee, Florida 32399-0371

Phone (850) 410-9800 • Fax (850) 410-9548

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April 29, 2011

Ms. Karen Gibson
Senior Section Administrator
Amendment Section
Florida Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-6327

Subject: Article Amendment – First Capital Bank

Dear Ms. Gibson:

Please file the enclosed amendment to the articles of incorporation of First Capital Bank, Marianna, Florida, at your earliest convenience. The distribution of the certified copies should be made as follows:

- (1) Return one copy to: Office of Financial Regulation
200 East Gaines Street
Tallahassee, Florida 32399-0371
- (2) Mail two copies to: Mr. Roy Bennett
President
First Capital Bank
4701 Highway 90
Marianna, Florida 32446

Also enclosed is a check for \$61.25 representing the filing and certified copy fees. If you have any questions, please do not hesitate to contact me.

Sincerely,

Priscilla Bailey-Brown
Financial Administrator
Bureau of Bank Regulation

PBB:mek

Enclosures

FINANCIAL SERVICES COMMISSION

RICK SCOTT
GOVERNOR

PAM BONDI
ATTORNEY
GENERAL

JEFF ATWATER
CHIEF FINANCIAL
OFFICER

ADAM PUTNAM
COMMISSIONER OF
AGRICULTURE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: First Capital Bank

DOCUMENT NUMBER: P05000112780

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Leibold
Name of Contact Person

First Capital Bank
Firm/ Company

4701 Highway 90
Address

Marianna, FL 32446
City/ State and Zip Code

kleibold@firstcapitalbk.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Leibold at (850) 526-7144
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed) |
|--|--|--|--|

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

+8⁷⁵ additional
61²⁵

Articles of Amendment
to
Articles of Incorporation
of

First Capital Bank

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000112780

(Document Number of Corporation (if known))

FILED
11 MAY -2 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Chipola Community Bank

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. 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:

New Registered Office Address:

(Florida street 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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</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
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: April 19, 2011

Effective date if applicable: May 31, 2011 (date of adoption is required)
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated April 21, 2011

Signature Kathy Leibold
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Kathy Leibold
(Typed or printed name of person signing)

EVP, Secretary
(Title of person signing)

Approved by the Florida Office of Financial Regulation this 29th day of April, 2011. Tallahassee, Florida.

Linda B. Charity
Linda B. Charity, Director
Division of Financial Institutions
Office of Financial Regulation