# P05000168442

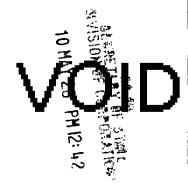
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(2.3		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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See image of FDIC order

C.COULLIETTE

MAY 20 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORI	AME OF CORPORATION: Old Southern Bank					
DOCUMEŅT NU	MBER:	ER:P05000168442				
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.				
Please return all co	orrespondence concerning thi	s matter to the following:				
		∕lr. John Ritenour				
	N	ame of Contact Person				
		•				
	OS	B/Liquidation/Corp				
Firm/ Company			-			
	1855 S.R. 434 Suite 255					
	Address					
	Lona	wood/ Florida/ 32750				
,	City/ State and Zip Code					
		•				
	john.riter	nour@ioausa.com	·····			
	E-mail address: (to be used	d for future annual report notification)				
For further informa	ation concerning this matter,	please call:				
Mr Croig D	Edwards/Doborah I Boors	206 \ 465-7532	Roors 321-230-227 7 0			
Name	of Contact Person	at ( 206 ) 465-7532   Area Code & Daytime Tele	ephone Number			
			-			
Enclosed is a check	c for the following amount m	ade payable to the Florida Depart	ment of State:			
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Ac	ldre <u>ss</u>	Street Address				
Amendmen		Amendment Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		Clifton Building	•			
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301



1855 SR 434 W. Ste., 255 Longwood, FL 32750

May 17, 2010

Cheryl Coulliette
Regulatory Specialist II

Re: Old Southern Bank P05000168442

As you requested please find enclosed all forms required to change the name of Old Southern Bank. You have the \$35 on file. Should you have any questions, please do not hesitate to contact me 321-230-2220.

Thank you and my apology for the neglect.

Regards,

Deborah J. Beers

OSB Holding

Secretary

<u>Dibeers54@cfl.rr.com</u> Cell 321-230-2220

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2010

JOHN RITENOUR OSB/LIQUIDATION/CORP 1855 S.R. 434, STE 255 LONGWOOD, FL 32750

SUBJECT: OLD SOUTHERN BANK

Ref. Number: P05000168442

We have received your document for OLD SOUTHERN BANK and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We did not receive the first page of your amendment form with the rest of the application you submitted. Please locate the missing page and send with a copy of this letter to my attention so that I may process it for you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 810A00012095

Y 20 AM 8: 00

www.sunbiz.org

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:	Old Southern Bank		
DOCUMENT NU	MBER:	P05000168442		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.		
Please return all co	orrespondence concerning the	is matter to the following:		
		Mr. John Ritenour		
	N	lame of Contact Person		
	OSB/Liquidation/Corp		<del></del>	
	Firm/ Company			
	1855 S.R. 434 Suite 255			
Address				
	Longwood/ Florida/ 32750			
·	С	ity/ State and Zip Code		
	john.rite E-mail address: (to be use	nour@ioausa.com d for future annual report notification)	<del></del>	
For further informa	ation concerning this matter,	please call:		
Mr.Craig R. I	Edwards/Deborah J. Beers	at (206) 465-7532	Beers 321-230-22 2 0	
Name of Contact Person		Area Code & Daytime Tele	ephone Number	
Enclosed is a checl	k for the following amount m	nade payable to the Florida Depart	ment of State:	
<b> </b>	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$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	e	

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

	urrently filed with	the Florida Dep	ot. of State)	
P050 (Document l	001-68442 Number of Corpora	ition (if known)		
ursuant to the provisions of section 607. mendment(s) to its Articles of Incorporation		utes, this <i>Florida</i>	Profit Corporation	adopts the following
. If amending name, enter the new nam	e of the corporati	on:		
oss/ ame must be distinguishable and conta bbreviation "Corp.," "Inc.," or Co.," or ame must contain the word "chartered," "	the designation "(	poration," "con Corp," "Inc," or	"Co". A profession	
Enter new principal office address, if a Principal office address MUST BE A STR				
		1855 s.	R. 434 Suite	255
		- <del>Longwood</del>	l, FL 32750	<del></del>
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A	· · · · · · · · · · · · · · · · · · ·	NO MA
If amending the registered agent and/o new registered agent and/or the new r			ida, enter the name	orth A S
Name of New Registered Agent:	N/A		<del></del>	12: 42 12: 42
	(Flor	ida street addres		See image of FDIC order
New Registered Office Address:			, Florida	
New Registered Office Address:	(City)	)	(Zip Code)	

## If amending the Officers and/or Directors, enter the title and name of each officer/director being gremoyed and title, name, and address of each Officer and/or Director being added: (Atlach additional sheets, if necessary) **Title** <u>Name</u> Address Type of Action N/A ☐ Add ☐ Remove N/A \_ 🗆 Add ☐ Remove N/A \_ 🔲 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A 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) N/A

The date of each amendmen	t(s) adoption: 💆	5/15/2010
Effective date <u>if applicable</u> :	5/15/2010	(date of adoption is required)
•	(no more than	90 days after amendment file date)
Adoption of Amendment(s)	Œ	HECK ONE)
The amendment(s) was/we by the shareholders was/w		ne shareholders. The number of votes cast for the amendment(s) r approval.
		the shareholders through voting groups. The following statemen ag group entitled to vote separately on the amendment(s):
"The number of votes	cast for the ame	endment(s) was/were sufficient for approval
by		.,,
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by th	ne board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by th	ne incorporators without shareholder action and shareholder
Dated May	9,2010	
Signature	SAK	
sele	ected, by an inco	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		John R. Ritenour
	(Ty	yped or printed name of person signing)
	CHAIR	eman of the BOARD
	(Title o	of person signing)