

P22000074079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

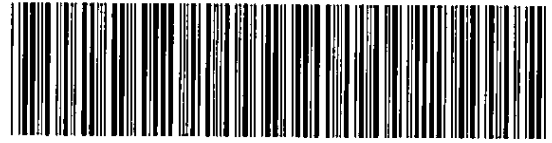
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OFFICE OF  
TALLAHASSEE, FLORIDA

2024 AUG 26 AM 11:26

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OFFICE OF STATE  
TALLAHASSEE, FLORIDA

2024 AUG 26 AM 10:12

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Gala Bank, Inc.

**DOCUMENT NUMBER:** P22000074079

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

Please return all correspondence concerning this matter to the following:

Richard Pearlman  
Name of Contact Person  
Igler and Pearlman, P.A.  
Firm/ Company  
2457 Care Drive, Suite 203  
Address  
Tallahassee, Florida 32308  
City/ State and Zip Code  
richard.pearlman@iglerlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Pearlman at ( 850 ) 878-2411  
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:

- \$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 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

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**From:** Guevara, Jason <Jason.Guevara@flofr.gov>  
**Sent:** Tuesday, August 27, 2024 9:51 AM  
**To:** Richard Pearlman; Culligan, Neysa; Burch, Tim  
**Cc:** Hughes, Terry  
**Subject:** RE: [EXT] FW: NAME CHANGE AMENDMENT FOR GALA BANK, INC

**EMAIL RECEIVED FROM EXTERNAL SOURCE**

The attachments/links in this message have been scanned by Proofpoint.

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Good morning Richard,

The Office of Financial Regulation has no objection to the use of the name Gala Bank Holdings, Inc.

If you should have further questions or require further assistance, please do not hesitate to contact me.

Sincerely,

Jason M. Guevara  
Financial Administrator, Division of Financial Institutions  
Office of Financial Regulation  
200 East Gaines Street  
Tallahassee, FL 32399  
Direct: (850) 410-9513



*Promoting a safe marketplace for financial success*

Please note that pursuant to chapter 119, Florida Statutes, correspondence with the Office of Financial Regulation is considered public record. This correspondence is available to the public upon request unless exempt from disclosure.

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2024 AUG 26 AM 10:12

Gala Bank, Inc.

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

P22000074079

(Document Number of Corporation (if known))

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:**

Gala Bank Holdings, Inc.

*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**)*

N/A

**C. Enter new mailing address, if applicable:**  
*(Mailing address **MAY BE A POST OFFICE BOX**)*

N/A

**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*

N/A

*(Florida street address)*

*New Registered Office Address:*

*(City)*

Florida

*(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*

**Check if applicable**

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner: Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change                    PT      John Doe

Remove                    V      Mike Jones

Add                        SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____



The date of each amendment(s) adoption: August 26, 2024, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

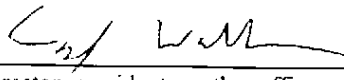
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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

Dated August 26, 2024

Signature 

(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)

Carl Walls  
(Typed or printed name of person signing)

President  
(Title of person signing)

FILED  
2024 AUG 26 AM 10:12  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE