

F110000004267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

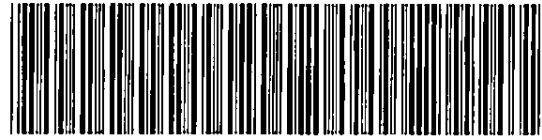
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900409454399

NLC Amend

2023 JUN - 8 AM 11: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2023 JUN - 8 AM 10: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY
JUN 09 2023

CT CORP
(850) 656-4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 06/08/2023

Acc#I20160000072

mic DW

Name:	BNY Mellon Advisors, Inc.
Document #:	
Order #:	14973619 - 8

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ **43.75**

Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Lockwood Advisors, Inc.

Name of Corporation

DOCUMENT NUMBER: F11000004267

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristina Rice

Name of Contact Person

BNY Mellon

Firm/Company

500 Grant Street, Suite 1915

Address

Pittsburgh, PA 15226

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

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

FILED

2023 JUN -8 AM 11:16

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.)

SECRETARY OF STATE

SECTION I
(1-3 MUST BE COMPLETED)

F11000004267
(Document number of corporation (if known))

- 1. Lockwood Advisors, Inc.
(Name of corporation as it appears on the records of the Department of State)
- 2. Delaware (Incorporated under laws of)
- 3. 10/24/2011 (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? June 6, 2023
- 5. BNY Mellon Advisors, Inc.
(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 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 _____
(Florida street address) _____
New Registered Office Address: _____, Florida _____
(City) (Zip Code)

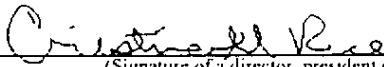
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	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)

Cristina M. Rice

 (Typed or printed name of person signing)

Secretary

 (Title of person signing)

FILING FEE \$35.00

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LOCKWOOD ADVISORS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BNY MELLON ADVISORS, INC" ON THE FIFTH DAY OF JUNE, A.D. 2023, AT 11:35 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE SIXTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.




Jeffrey W. Bullock, Secretary of State

2613317 8320
SR# 20232695219

Authentication: 203504845
Date: 06-07-23

You may verify this certificate online at corp.delaware.gov/authver.shtml