

M04000005611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

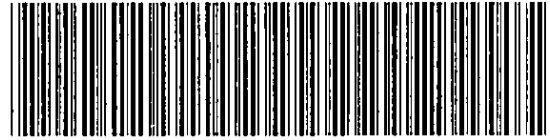
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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LLC N/C & Amend

2022 MAY 17 AM 9:20

FILED

2022 MAY 17 AM 11:31
ALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

RECEIVED

A. RAMSEY
MAY 18 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 533570 8361908

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : March 8, 2022

ORDER TIME : 8:56 PM

ORDER NO. : 533570-190

CUSTOMER NO: 8361908

FOREIGN FILINGS

NAME: WELLS FARGO FUNDS MANAGEMENT,
LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Wells Fargo Funds Management, LLC

Enter new principal office address, if applicable: 525 Market Street, 12th Floor

(Principal office address
MUST BE A STREET ADDRESS) San Francisco, CA 94105

Enter new mailing address, if applicable: 525 Market Street, 12th Floor

(Mailing address
MAY BE A POST OFFICE BOX) San Francisco, CA 94105

2. The Florida document number of this limited liability company is: M04000005611

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 12/21/2004

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Allspring Funds Management, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____. **Florida** _____

City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

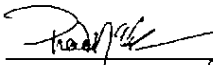
2002 MAY 17 AM 9:20
FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Andrew Owen	525 Market Street, 12th Floor	<input checked="" type="checkbox"/> Add
		San Francisco, CA 94105	<input type="checkbox"/> Remove
Manager	Paul Haast	525 Market Street, 12th Floor	<input checked="" type="checkbox"/> Add
		San Francisco, CA 94105	<input type="checkbox"/> Remove
Manager	Traci McCormack	101 Seaport Blvd., 11th Floor	<input checked="" type="checkbox"/> Add
		Boston, MA 02210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Traci McCormack

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WELLS FARGO FUNDS MANAGEMENT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ALLSPRING FUNDS MANAGEMENT, LLC" ON THE FIRST DAY OF NOVEMBER, A.D. 2021, AT 9:33 O`CLOCK A.M.

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




Jeffrey W. Bullock, Secretary of State

3328429 8320
SR# 20221676934

Authentication: 203296375
Date: 04-28-22

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