

MIS000006649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300284069543

TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

16 APR 11 AM 10:56

RECEIVED  
MAY 11 2016

TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

16 APR 11 AM 8:43

RECEIVED  
MAY 11 2016

APR 12 2016

Y SULKER

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

ACCOUNT NO. : I20000000195

REFERENCE : 092667 8088524

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : April 6, 2016

ORDER TIME : 2:36 PM

ORDER NO. : 092667-045

CUSTOMER NO: 8088524

FOREIGN FILINGS

NAME: GE COMMERCIAL DISTRIBUTION  
FINANCE, LLC

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd ext. 62940

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GE Commercial Distribution Finance LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bridget LaSalle

Name of Person

Wells Fargo Law Dept.

Firm/Company

5595 Trillium Boulevard

Address

Hoffman Estates, IL 60192

City/State and Zip Code

bridget.l.lasalle@wellsfargo.com

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

For further information concerning this matter, please call:

Bridget LaSalle

Name of Person

at ( 847 ) 747-6891

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**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: GE Commercial Distribution Finance LLC

Enter new principal office address, if applicable: 500 West Monroe Street Chicago, IL 60661

**(Principal office address  
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

500 West Monroe Street Chicago, IL 60661

**(Mailing address  
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M15000006649

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/21/2015

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

5. New name of the limited liability company: Wells Fargo Commercial Distribution Finance, 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 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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

*Enter Florida Street Address*

Tallahassee

*City*

Florida 32301

*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.*

**Troy Todd  
as its agent**

**If Changing Registered Agent, Signature of New Registered Agent**

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

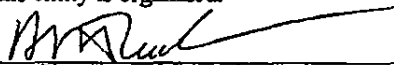
\_\_\_\_\_

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>
<u>MGR</u>	<u>Stephen Battreall</u>	<u>500 W Monroe St.</u>	<input type="checkbox"/> Add
		<u>Chicago, IL 60661</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Henry K. Jordan</u>	<u>2450 Colorado Ave 3rd Floor, Suite 3000</u>	<input checked="" type="checkbox"/> Add
		<u>Santa Monica, CA 90404-3575</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Guy Fuchs</u>	<u>2450 Colorado Ave 3rd Floor, Suite 3000</u>	<input checked="" type="checkbox"/> Add
		<u>Santa Monica, CA 90404-3575</u>	<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

Henry K. Jordan  
Typed or printed name of signee

Filing Fee: \$25.00

16 APR 11 AM 8:43  
SECRET

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GE COMMERCIAL DISTRIBUTION FINANCE LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "WELLS FARGO COMMERCIAL DISTRIBUTION FINANCE LLC" ON THE FIRST DAY OF MARCH, A.D. 2016, AT 10:45 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

2141782 8320  
SR# 20162120793

Authentication: 202105476  
Date: 04-06-16

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)