

M20000008672

(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:

Q. SILAS
APR 21 2022

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RECEIVED
2022 APR 20 PM 12:16
OFFICE OF THE
CLERK OF THE
TALLAHASSEE, FLORIDA

FILED
2022 APR 20 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FL

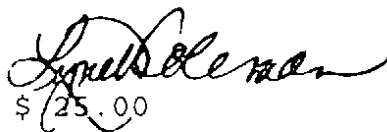
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 533570 8361908

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : March 8, 2022

ORDER TIME : 4:06 PM

ORDER NO. : 533570-035

CUSTOMER NO: 8361908

FOREIGN FILINGS

NAME: WELLS FARGO ASSET MANAGEMENT
HOLDINGS, 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

FILED

2022 APR 20 PM 5: 35.

SECRETARY OF STATE
TALLAHASSEE, FL

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 Asset Management Holdings, 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: M20000008672

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 10/02/2020

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

5. New name of the limited liability company: Allspring Global Investments Holdings, 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

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	Joseph Sullivan	525 Market Street, 12th Floor	<input checked="" type="checkbox"/> Add
		San Francisco, CA 94105	<input type="checkbox"/> Remove
Manager	Sallie Squire	525 Market Street, 12th Floor	<input checked="" type="checkbox"/> Add
		San Francisco, CA 94105	<input type="checkbox"/> Remove
Manager	Molly McMillin	10715 David Taylor Drive, Suite 400	<input checked="" type="checkbox"/> Add
		Charlotte, NC 28262	<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.

Sallie Squire

Signature of the authorized representative

Sallie Squire

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

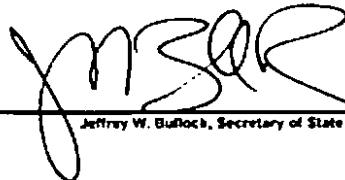
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WELLS FARGO ASSET MANAGEMENT HOLDINGS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ALLSPRING GLOBAL INVESTMENTS HOLDINGS, LLC" ON THE FIRST DAY OF NOVEMBER, A.D. 2021, AT 9:31 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

6358095 8320
SR# 20220950865

Authentication: 202877498
Date: 03-10-22

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