I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.				
SIGNATURE: VICTORIA BARROSO	ASST SECRETARY	04/24/2024		

SIGNATURE: VICTORIA BARROSO

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: WELLS FARGO ADVISORS FINANCIAL NETWORK, LLC **Current Principal Place of Business:**

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

1 NORTH JEFFERSON AVENUE ST. LOUIS, MO 63103

DOCUMENT# M0300001012

Current Mailing Address:

1 NORTH JEFFERSON AVENUE ST. LOUIS. MO 63103 US

FEI Number: 48-1305000

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

1792761847CC

Date

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MANAGER	Title	ASST. SECRETARY
Name	GINDI, SOL	Name	BARROSO, VICTORIA
Address	1 NORTH JEFFERSON AVENUE	Address	1 NORTH JEFFERSON AVENUE
City-State-Zip:	ST. LOUIS MO 63103	City-State-Zip:	ST. LOUIS MO 63103
Title	MANAGER	Title	MANAGER
Name	TYERS, JOHN	Name	KARANIK, ERIK A
Address	1 NORTH JEFFERSON AVENUE	Address	1 NORTH JEFFERSON AVENUE
City-State-Zip:	ST. LOUIS MO 63103	City-State-Zip:	ST. LOUIS MO 63103
Title	MANAGER	Title	MANAGER
Name	TA, KIMBERLY	Name	SIMMONS, BARRY
Address	1 NORTH JEFFERSON AVENUE	Address	1 NORTH JEFFERSON AVENUE
City-State-Zip:	ST. LOUIS MO 63103	City-State-Zip:	ST. LOUIS MO 63103

Date