

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000005611

**Entity Name:** WELLS FARGO FUNDS MANAGEMENT, LLC**Current Principal Place of Business:**525 MARKET STREET  
SAN FRANCISCO, CA 94105**Current Mailing Address:**525 MARKET STREET  
SAN FRANCISCO, CA 94105 US**FEI Number:** 94-3382001**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MANAGER
Name	OWEN, ANDREW
Address	525 MARKET STREET 12TH FL
City-State-Zip:	SAN FRANCISCO CA 94105

Title	MANAGER
Name	HAASST, PAUL
Address	525 MARKET STREET 12TH FL
City-State-Zip:	SAN FRANCISCO CA 94105

Title	MANAGER
Name	MCCORMACK, TRACI
Address	525 MARKET STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	AUTHORIZED REPRESENTATIVE
Name	BULLOCK, DAVID
Address	800 LA SALLE AVE SUITE 1400
City-State-Zip:	MINNEAPOLIS MN 55402

*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:** DAVID BULLOCK**AUTHORIZED  
REPRESENTATIVE****04/27/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date