

1/19/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (514)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
AMUNDI PIONEER DISTRIBUTOR, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

PROFIT CORPORATION  
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  
(Pursuant to s. 607.1504, F.S.)

SECTION I  
(1-3 MUST BE COMPLETED)

\_\_\_\_\_  
(Document number of corporation (if known))  
1. AMUNDI PIONEER DISTRIBUTOR, INC.  
\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)  
2. STATE OF MASSACHUSETTS 3. 5/1/2001  
\_\_\_\_\_  
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II  
(+7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? JANUARY 01, 2021  
5. AMUNDI DISTRIBUTOR US, INC.  
\_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.  
N/A  
\_\_\_\_\_  
(New duration)  
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
N/A  
\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A  
\_\_\_\_\_  
(Florida street address)

New Registered Office Address: N/A, Florida  
\_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:  
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

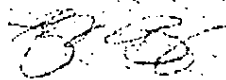
\_\_\_\_\_  
Signature of New Registered Agent, if changing

FILED  
2021 JAN 19 AM 10:49  
CLERK OF STATE  
TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Margaret C. Begley, Vice President and Secretary

(Typed or printed name of person signing)

(Title of person signing)

**FILING FEE \$35.00**

MA SOC Filing Number: 202020345130 Date: 12/28/2020 4:03:00 PM  
 12/28/2020 4:00:45 PM From: To: 6176243891( 2/5 )

**D  
PC**

## The Commonwealth of Massachusetts

William Francis Galvin  
 Secretary of the Commonwealth  
 One Ashburton Place, Boston, Massachusetts 02108-1512

FORM 1001-01-01-0000

### Articles of Amendment

FORM 1001-01-01-0000

(General Laws Chapter 156D, Section 10.06; 950 CMR 113.34)

(1) Exact name of corporation: AMUNDI PIONEER DISTRIBUTOR, INC.

(2) Registered office address: 60 STATE STREET, BOSTON, MA 02109  
*(number, street, city or town, state, zip code)*

(3) These articles of amendment affect article(s): ARTICLE I  
*(specify the number(s) of article(s) being amended (I-VI))*

(4) Date adopted: November 12, 2020  
*(month, day, year)*

(5) Approved by:

*(check appropriate box)*

- ☐ the incorporators.  
☐ the board of directors without shareholder approval and shareholder approval was not required.  
☒ the board of directors and the shareholders in the manner required by law and the articles of organization.

(6) State the article number and the text of the amendment. Unless contained in the text of the amendment, state the provisions for implementing the exchange, reclassification or cancellation of issued shares.

That ARTICLE I of the Articles of Organization be amended by deleting ARTICLE I in its entirety and inserting in lieu thereof the following:

The exact name of the corporation, as amended, is: Amundi Distributor US, Inc.

12/28/2020 4:00:45 PM From: To: 6176243891( 3/5 )

To change the number of shares and the par value, \* if any, of any type, or to designate a class or series, of stock, or change a designation of class or series of stock, which the corporation is authorized to issue, complete the following:

Total authorized prior to amendment:

WITHOUT PAR VALUE		WITH PAR VALUE		
TYPE	NUMBER OF SHARES	TYPE	NUMBER OF SHARES	PAR VALUE

Total authorized after amendment:

WITHOUT PAR VALUE		WITH PAR VALUE		
TYPE	NUMBER OF SHARES	TYPE	NUMBER OF SHARES	PAR VALUE

(?) The amendment shall be effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date and time of filing is specified: January 1, 2021 at 12:01 a.m.

12/28/2020 4:00:45 PM From: To: 6176243891( 4/5 )

Signed by: Lisa M. Jones  
*(Signature of authorized individual)*

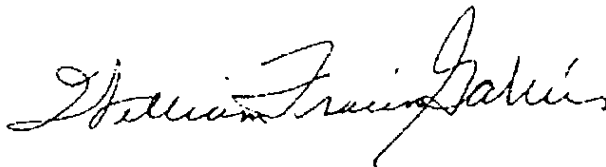
- ☐ Chairman of the board of directors,
- ☒ President,
- ☐ Other officer,
- ☐ Court-appointed fiduciary,

MA SOC Filing Number: 202020345130 Date: 12/28/2020 4:03:00 PM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles: and the filing fee having been paid, said articles are deemed to have been filed with me on:

December 28, 2020 04:03 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized initial "W".

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*