

| (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: | | | | |
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Office Use Only



000300126030

06/12/17--01030--014 **35.00



R. Write



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: June 8, 2017

Order#: 630168-072

Re: USAA FINANCIAL ADVISORS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | nge is submitted for a corp | 0502, 617.0502, 607.1508, or 617.1508, Florida Statu poration organized under the laws of the State of <mark>Dela</mark> office or registered agent, or both, in the State of Florid | ware |
|--|---|--|---|
| 1. The name of t | the corporation: USAA FIN | ANCIAL ADVISORS, INC. | |
| 2. The principal | office address: 9800 Frede | ericksburg Road, San Antonio, TX 78288 | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | 04 | | |
| | I street address of the curre tment of State: (If resigned | ent registered agent and registered office on file with the difference (), enter resigned) | ne |
| | C T Corporation System | | |
| | 1200 South Pine Island R | Road | |
| | Plantation | FL 33324 | 44 % 185 185 18 18 18 |
| 6. The name and (if changed): | I street address of the new i | registered agent (if changed) and /or registered office | |
| | Corporation Service Com | pany | |
| | 1201 Hays Street | P.O. Box NOT acceptable | , <u>, , , , , , , , , , , , , , , , , , </u> |
| | Tallahassee | P.O. Box NOT acceptable FL 32301 | , , , |
| The street addre | ess of its registered office a be identical. | and the street address of the business office of its reg | istered agent, |
| | | duly adopted by its board of directors or by an officen has been notified in writing of the change. | |
| X_{k} | ie E. agni | Jill Cilmi, Vice President | |
| I further agrée t performance of agent. Or, if thi hereby confirm |) the appointment as registe to comply with the provision my duties, and I am famili | Printed or typed name and title ered agent and agree to act in this capacity. ons of all statutes relative to the proper and complete iar with and accept the obligation of my position as r merely to reflect a change in the registered office ad- the notified in writing of this change. | ? egistered dress, I |
| By: Almaha | (24) | 05/09/2017 | |
| | nature of Registered Agent | Date | |
| lf signing on bel | half of an entity: | | |
| Elizabeth A. Da | wson, Asst. Vice Presiden | nt | |
| Ty | ped or Printed Name | | |

* * * FILING FEE: \$35.00 * * *