

1/12/22, 4:11 PM

Division of Corporations

F0400001383

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000016650 3)))



H220000166503ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

2022 JAN 13 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

Email Address: _____

RECEIVED
2022 JAN 13 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FL

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
PFMAM INC.**

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

C. BRUMBLEY
JAN 14 2022

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)

F04000001383

(Document number of corporation (if known))

1. PFMAM Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Pennsylvania 3. 03/04/2004
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 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? 09/10/2004
5. PFM Fund Distributors, 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.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(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 C T Corporation System

1200 South Pine Island Road

(Florida street address)

New Registered Office Address: Plantation, Florida 33324
(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.

/s/ Michele Holden

Signature of New Registered Agent, if changing Michele Holden, Asst Sect

FILED
2022 JAN 13 AM 11:29
DEPT 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
		_____	L Remove
_____	_____	_____	Add
		_____	L Remove
_____	_____	_____	Add
		_____	L Remove
_____	_____	_____	Add
		_____	L Remove
_____	_____	_____	Add
		_____	L 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.

/s/ Matthew R. McCarthy

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

Matthew R. McCarthy

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
01/12/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

PFM FUND DISTRIBUTORS, INC.

I, Leigh M. Chapman, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Sep 10, 2004 - Pages (3)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220112090464-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

2004085-1447

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Articles of Amendment-Domestic Corporation
(15 Pa.C.S.)

Entity Number
3015607

X Business Corporation (§ 1915)
 Nonprofit Corporation (§ 5915)

Name _____

ADDITIVES

City

30. 30.0

Zip Code

~~ESQUIRE ASSIST~~
~~COUNTER PICK UP~~

Document will be returned to the
name and address you enter to
the left.

Fee: \$70

Filed in the Department of State on SEP 10 2004

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:
PFMAM Inc.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department, is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
One Keystone Plaza, Suite 300	North & Market Streets	Harrisburg	PA 17101	Dauphin

(b) Name of Commercial Registered Office Provider _____ County _____
c/o _____

3. The statute by or under which it was incorporated: Pennsylvania Business Corporation Law of 1988

4. The date of its incorporation: 7.16-2001

3. Check and if appropriate complete, one of the following:

2 The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

The Amendment shall be effective on: _____ at _____
Date Hour

Page 7

2004085-1448

DSCB:15-1915/5915-2

6. Check one of the following:

☐ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(s) and (b) or § 5914(a).

☒ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. Check, and if appropriate, complete one of the following:

☐ The amendment adopted by the corporation, set forth in full, is as follows

☒ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. Check if the amendment restates the Articles:

☐ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

10th day of September

2004

PFM Fund Distributors, Inc.

Name of Corporation

Martin Margolis,
President

Signature

Title

2004085-1449

EXHIBIT "A"

7. Article 1 of the Articles of Incorporation is hereby deleted in its entirety and the following new Article shall be substituted therefor:

"1. The name of the corporation is PFM Fund Distributors, Inc."