F0400006612

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linky (Valle)
(Document Number)
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2024 JAN 29 AITH: 21

A. RAMSEY JAN 30 2024

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 214826 4730518				
AUTHORIZATION: Comellia sea				
COST LIMIT : \$ 43.75				
ORDER DATE : December 15, 2023				
ORDER TIME : 9:04 AM				
ORDER NO. : 214826-130				
CUSTOMER NO: 4730518				
- 				
FOREIGN FILINGS				
NAME: SAGEPOINT FINANCIAL, INC.				
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY				
XXXX AMENDMENT				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO: Amendm	ent Section Division of Corporation	ons	
_{SUBJECT:} Sag	gePoint Financial, In	IC.	
	Name	of Corporation	-
DOCUMENT NU	MBER: F04000006612		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	Name of Contact Person		
	Firm/Company		
	Address		
·	City/State and Zip Code		
	ss: (to be used for future annual r		
	ation concerning this matter, pleas		0.45
Aaren Hes	<u> </u>	_ _{at (} 480,761-43	
Name	e of Contact Person	Area Code & Daytime 1	l'elephone Number
Enclosed is a chec	k for the following amount:		
3\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	■ \$52.50 Filing Fee. Certificate of Status & Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FO AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F04000006612

ATIN. AND SO PAID SO (Document number of corporation (if known) SagePoint Financial, Inc. (Name of corporation as it appears on the records of the Department of State) Delaware (Date authorized to do business in Florida) (Incorporated under laws of) 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?_11/08/2023 Osaic Services, 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 the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Yes, there are changes. See below.

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action	
Pres/Dir	Desiree Sii	20 E. Thomas Rd., Suite 2000	□Add	
		Phoenix, AZ 85012	Remove	
Pres	Gregory Cornick	20 E. Thomas Rd., Suite 2000	= Add	
		Phoenix, AZ 85012	□Remove	
Dir	Kristen Kimmell	20 E. Thomas Rd., Suite 2000	B Add	
		Phoenix, AZ 85012	□Remove	
			□Add	
			□Remove	
			□Add	
			□Remove	
0. Attached is a of the application under the law	certificate or document of similar import, evition to the Department of State, by the Secrets of which it is incorporated.	videncing the amendment, authenticated no ary of State or otherofficial having custody	of more than 90 days prior to deliver of corporate records in the jurisdiction	
	K	380-		
	(Signature of a direct	or, president or other officer - if in the han ourt appointed fiduciary, by that fiduciary)	ds of	
Nina McKe		Secretary		
	(Typed or printed name of person signing)	(Title of per	(Title of person signing)	

FILING FEE \$35.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SAGEPOINT FINANCIAL,

INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"OSAIC SERVICES, INC." ON THE EIGHTH DAY OF NOVEMBER, A.D. 2023,

AT 9:52 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.



Authentication: 202665592

Date: 01-25-24