F11000004267

| (Requestor's Name | *) | | | |
|---|--------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT | MAIL | | | |
| (Business Entity Na | eme) | | | |
| (Document Number) | | | | |
| Certified Copies Certificate | es of Status | | | |
| Special Instructions to Filing Officer. | | | | |
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Office Use Only



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CT CORP

(850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

| D | ate: | 06/08/2023 | - w: () W |
|--|------------------------------|--|--|
| | | Acc#I20160000072 | - 4n: () - W |
| Name: | BNY Mellor | n Advisors, Inc. | |
| Document #: | | | |
| Order #: | 14973619 - | 8 | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | | | |
| Apostille/Notarial Certification: | | Country of Destination: Number of Certs: | |
| Filing: | Certified Plain: COGS: | | Email Address for Annual Report Notifications: |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: | \$ 43.75 | |

Thank you!

COVER LETTER

| TO: Amendme | nt Section Division of Corporation | ons | |
|-----------------------|--|--|--|
| SUBJECT: Lockw | ood Advisors, Inc. | | |
| | | of Corporation | |
| DOCUMENT NU | MBER: F11000004267 | | |
| The enclosed Amer | dment and fee are submitted for | filing. | |
| Please return all cor | respondence concerning this ma | tter to the following: | |
| Cristina Rice | | | |
| | Name of Contact Person | | |
| BNY Mellon | | | |
| | Firm/Company | | |
| 500 Grant Street, St | iite 1915 | | |
| | Address | | |
| Pittsburgh, PA 1522 | 26 | | |
| | City/State and Zip Code | | |
| | | | |
| E-mail addres | s: (to be used for future annual r | eport notification) | |
| For further informat | tion concerning this matter, pleas | se call: | |
| | | at ()Area Code & Daytime T | |
| Name | of Contact Person | Area Code & Daytime T | Telephone Number |
| Enclosed is a check | for the following amount: | | |
| l\$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

FILED

2023 JUN -8 AM II: 16

PROFIT CORPORATION PROFIT OF STATE APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPEICATION FOR ADALLY AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (Physical Co. 1001-100)

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

SECTION I (1-3 MUST BE COMPLETED)

| F1100 | 00004267 | |
|--|--|--|
| | (Document number of corporation (if known) | _ |
| Lockwood Advisors, Inc. | | |
| (Name of co | orporation as it appears on the records of the Department | t of State) |
| Delaware | 3. 10/24/2011 | |
| (Incorporated under I | aws of) (Date authorized | to do business in Florida) |
| (4-7 | SECTION II COMPLETE ONLY THE APPLICABLE CHANGE | CS) |
| If the amendment changes the name of the incorporation? June 6, 2023 | e corporation, when was the change effected under the la | aws of its jurisdiction of |
| DNV Mallon Advisory Inc. | | |
| (Name of corporation after the amendme not contained in new name of the corpora | nt, adding suffix "corporation," "company," or "incorporation) | rated," or appropriate abbreviation, i |
| (If new name is unavailable in Florida, en | ter alternate corporate name adopted for the purpose of t | transacting business in Florida) |
| 6. If the amendment changes the period | I of duration, indicate new period of duration. | |
| | (New duration) | _ |
| 7. If the amendment changes the jurisd | iction of incorporation, indicate new jurisdiction. | |
| | (New jurisdiction) | |
| 8. If amending the registered agent and/o | or registered office address in Florida, enter the name | e of the |
| new registered agent and/or the new re | gistered office address: | |
| Name of New Registered Agent | | _ |
| _ | (Florida street address) | |
| New Registered Office Address: | , F | lorida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if | changing Registered Agent: | |
| i hereby accept the appointment as regis. | tered agent. I am familiar with and accept the obligation | ons oj ine position. |
| Signature of New Regi | stered Agent, if changing | |

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| Attached is a certificate or document of similar import, evider of the application to the Department of State, by the Secretary of under the laws of which it is incorporated. | ncing the amendment, authentical f State or other official having cu | sted not more than 90 days prior to de stody of corporate records in the jurisd |
| Cristing Il V | 2,, | |
| (Signature of a director, p a receiver or other court | president or other officer - if in the appointed fiduciary, by that fiduciary, | e hands of ciary) |

FILING FEE \$35.00

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'LOCKWOOD ADVISORS, INC.', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'BNY MELLON ADVISORS, INC' ON THE FIFTH DAY OF JUNE, A.D. 2023, AT 11:35 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE SIXTH DAY OF JUNE, A.D. 2023.

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: 203504845

Date: 06-07-23

2613317 8320 SR# 20232695219