

4/11/2016 9:55:31 AM From: 850 763804 (3)

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****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
WMSI INC.**

Certificate of Status	0
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16 APR 11 AM 8:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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16 APR 11 AM 9:00

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)

F13000002829

(Document number of corporation (if known))

1. WMSI, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. New Jersey 3. 06/27/2013
(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? _____

5. DST Wealth Management Systems, 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. 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.

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

Gregg Wm. Givens,

(Typed or printed name of person signing)

Vice President, Treas. & Asst. Sec.

(Title of person signing)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
CERTIFICATE OF NAME CHANGE

DST WEALTH MANAGEMENT SYSTEMS, INC.

I, the Treasurer of the State of New Jersey, do hereby certify,
that on April 05, 2016, a name change certificate
was duly filed in this office, changing the business name from
WEALTH MANAGEMENT SYSTEMS, INC.

to:

DST WEALTH MANAGEMENT SYSTEMS, INC.



Certificate Number: 138381521

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
8th day of April, 2016

A handwritten signature in cursive script, reading "Ford M. Scudder".

Ford M Scudder
Treasurer