## Florida Department of State Division of Corporations

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|          |        | Division of Co   | •  |                           | ; •                   | 252               |
|----------|--------|------------------|----|---------------------------|-----------------------|-------------------|
|          |        | Fax Number       | :  | (85C) 617-6380            |                       |                   |
|          | From:  |                  |    |                           | >                     | ئت                |
|          |        | Account Name     | :  | CAPITOL SERVICES, INC.    | راکات<br>ماد خون      | $\overline{\Box}$ |
|          |        | Account Number   | :  | 120160000017              | 受力                    |                   |
|          |        | Phone            | :  | (855) 498-5500            | SO CO                 | 7                 |
|          |        | Fax Number       | :  | (800) 432-3622            | $m_{O}$               |                   |
|          |        |                  |    |                           | ±                     | Ģ                 |
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| ntor tho | email: | address for this | 'n | usiness entity to be used | i for <sup>m</sup> tu | t. S.F.           |

COR AMND/RESTATE/CORRECT OR O/D RESIGN HONKAMP KRUEGER FINANCIAL SERVICES, INC.

| Certificate of Status | 0       |
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Email Address:

#### 'Taylor' Seay 8004323622

#### **COVER LETTER**

| TO: Amendment Section Division of Corporations   |               |
|--|---------------|
| SUBJECT: Honkamp Krueger Financial Services, Inc. Name of Corporation  |               |
| DOCUMENT NUMBER: F15000002384  |               |
| The enclosed Amendment and fee are submitted for filing.   |               |
| Please return all correspondence concerning this matter to the following:  |               |
| Name of Contact Person   |               |
| Capitol Services - Corporate Filings Team  |               |
| Firm/Company   |               |
| 515 East Park Avenue 2nd Fi  |               |
| Address  |               |
| Taliahassee, FL 32301  |               |
| City/State and Zip Code  |               |
| B-mail address: (to be used for future annual report notification)   | F2            |
| For further information concerning this matter, please call:   |               |
| at ( 855 ) 498 - 5500  |               |
| Name of Contact Person Area Code & Daytime Telephone Number  |               |
| Enclosed is a check for the following amount:  | SE SI         |
| \$35.00 Filing Foe S43.75 Filing Fee & Cortificate of Status Cartified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Cartified Copy (Additional copy is enclosed) | 9: 05<br>EFFL |
|  |               |

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

(Pursuant to s. 667.1564, F.S.)

| SECTION I               |  |  |  |  |
|-------------------------|--|--|--|--|
| (1-3 MUST BE COMPLETED) |  |  |  |  |

| F15000002384   |  |  |  |  |  |
|--|--|--|--|--|--|
| (Document m  | mber of corporation (if known)   |  |  |  |  |
| 1 Honkamp Krueger Financial Services, Inc  | L  |  |  |  |  |
|  | ours on the records of the Department of State)  |  |  |  |  |
| 2 lows   | 3 05/22/2015 (Date authorized to do business in Plorida)   |  |  |  |  |
| (montpotation thanks they  | (Twite structure to so bermises III Library)   |  |  |  |  |
|  | SECTION H<br>VLY THE APPLICABLE CHANGES)   |  |  |  |  |
| 4. If the amendment changes the name of the corpo  | ration, when was the change effected under the laws of   |  |  |  |  |
| its jurisdiction of incorporation? 01/04/2021  | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |
| 5 Avantax Planning Partners, Inc. (Name of corporation after the amendment, addinappropriate abbreviation, if not contained in new   | ng suffix "corporation," "company," or "incorporated," or w name of the corporation)   |  |  |  |  |
| (If new name is unavailable in Florida, enter alter<br>business in Florida)  | nate corporate name adopted for the purpose of transacting   |  |  |  |  |
| 5. If the amendment changes the period of duration   | , indicate new period of duration.   |  |  |  |  |
|  | (Now duration)   |  |  |  |  |
| 7. If the amendment changes the jurisdiction of inco   | orporation, indicate new jurisdiction.   |  |  |  |  |
| · ·  | New jurisdiction)  |  |  |  |  |
| <ol> <li>Attached is a certificate or document of similar in<br/>90 days prior to delivery of the application to the<br/>having custody of corporate records in the jurisdi</li> </ol> | mport, evidencing the amendment, authenticated not more than Department of State, by the Secretary of State or other official iction under the laws of which it is incorporated. |  |  |  |  |
|  | president or other officer - if in the himils  |  |  |  |  |
| Christopher Rod  | ourt appointed fiduciary, by that fiduciary) Secretary   |  |  |  |  |
| (Typed or printed name of person signing)  | (Title of person signing)  |  |  |  |  |
|  |  |  |  |  |  |

'Taylor Seay 8004323622



### SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

Issue Date: 2/9/2021

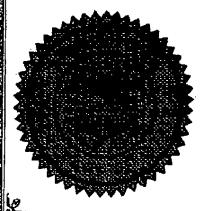
Name: AVANTAX PLANNING PARTNERS, INC. (490 DP - 190832)

Date of Incorporation: 12/1/1995

**Duration: PERPETUAL** 

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa,
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.
- e. Other facts of record requested by applicant will be on an attachment.



Pant Pate

PAUL D. PATE SECRETARY OF STATE

