

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
_					
PICK-UP WAIT MAIL					
(Dusiness Entity Name)					
(Business Entity Name)					
•					
(Document Number)					
•					
Certified Copies Certificates of Status					
· 					
Special Instructions to Filing Officer:					

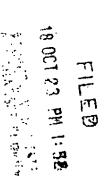
Office Use Only



600319846306

10/23/18-+01036--008 **35.00

S TALLENT OCT 31 2018



RIBRICH



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 19, 2018

Order#: 434491-100

Re: DST ASSET MANAGER SOLUTIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted fo	ons 607.0502, 617.0 or a corporation org istered office or reg	anized under the la	nvs of the State of	Massachusetts	
1. The name of 1	the corporation: D	ST ASSET MANAG	ER SOLUTIONS, I	NC.		
2. The principal	office address: 3:	33 West 11th Street	t, 5th Floor Kansas	City, MO 64105		
3. The mailing a	ddress (if different	1):				
4. Date of incorp	poration/qualificati	on: 01/04/2018	Document	number: F18000	0000053	
		he current registered resigned, enter resig		ed office on file w	vith the	
	C T Corporation	System				
	1200 South Pine Island Road					
	Plantation		FL	33324	- 2	
6. The name and (if changed):	i street address of t	he new registered a	gent (if changed) ar	nd /or registered o	കുന്ന് മ	T
	Corporation Serv	ice Company			PA	iri S
	1201 Hays Street				<u></u>	'
	Tallahassee	P.O. Box N	OT acceptable FL	32301		
The street addre	ess of its registered be identical.	d office and the stre	et address of the bu	isiness office of i	ts registered ager	nt.
Such change wa authorized by th	as authorized by re ne board, or the co	solution duly adopt	ed by its board of one	directors or by an of the change.	officer so	
Xel	8. ag	net	Jill Cilmi, Vice			
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	to comply with the my duties, and I a is document is bei	is registered agent of provisions of all st m familiar with and ng filed merely to re on has been notified	and agree to act in atutes relative to th Laccept the obligate effect a change in t	he proper and con tion of my position he registered offi	mplete on as registered	
By:	nature of Registered Age	el	10/19/2018	Date		
·	half of an entity:			e-viv		
_ •	, Asst. Vice Presid	ent				
	vped or Printed Name					

* * * FILING FEE: \$35.00 * * *