F9500004141

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT M	AIL	
(Business Entity Name)		
(Document Number)		
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 431797 7509331

AUTHORIZATION :

COST LIMIT

ORDER DATE: October 10, 2018

ORDER TIME : 2:58 PM

ORDER NO. : 431797-005

CUSTOMER NO: 7509331

FOREIGN FILINGS

NAME: ABERDEEN ASSET MANAGEMENT INC.

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62925

EXAMINER:

COVER LETTER

TO: Amendment Section Division of Corporations	
Aberdeen Asset Management Inc SUBJECT:	
Name of Corporation	
DOCUMENT NUMBER: F95000004141	
The enclosed Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lisa Kupper	
Name of Contact Person	
Aberdeen Asset Management Inc	
Firm/Company	
1735 Market Street, 32nd Floor	
Address	
Philadelphia, PA 19103	
City/State and Zip Code	
lisa.kupper@aberdeenstandard.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lisa Kupper 215 405-5700 at ()	
Name of Contact Person at () Area Code & Daytime Telephone No	ımber
Enclosed is a check for the following amount:	
(Additional copy is Certification (Addit	Filing Fee, cate of Status & ed Copy ional copy is osed)
Mailing Address: Street Address:	

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

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. 607.1504, F.S.)

SECTION 1 (1-3 MUST BE COMPLETED)

F95000004141		
(Document nur	mber of corporation (if known)	
Aberdeen Asset Management Inc		
(Name of corporation as it app	ears on the records of the Department of State)	
2. Delaware	3. August 28, 1995 (Date authorized to do business	
(Incorporated under laws of)	(Date authorized to do business	in Florida)
	SECTION II NLY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corpor	ration, when was the change effected under the	he laws of
its jurisdiction of incorporation? January 1, 2019		
5. Aberdeen Standard Investments Inc.		
(Name of corporation after the amendment, addir appropriate abbreviation, if not contained in new (If new name is unavailable in Florida, enter alternation)	w name of the corporation)	
business in Florida) 6. If the amendment changes the period of duration,	, indicate new period of duration.	2018 OCT 1
	(New duration)	20 G
7. If the amendment changes the jurisdiction of inco	orporation, indicate new jurisdiction.	F AF 3
	New jurisdiction)	3: 40 STATE
8. Attached is a certificate or document of similar in 90 days prior to delivery of the application to the having custody of corporate records in the jurisdi	Michel president or other officer - if in the hands	ated not more than te or other official ted.
Jennifer A. Nichols	ourt appointed fiduciary, by that fiduciary) Director/Vice President	
(Typed or printed name of person signing)	(Title of person signing)	

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUR	Aberdeen Asset Management Inc	
., O D.	Name	of Corporation
DOC	UMENT NUMBER: F95000004141	
The e	enclosed Amendment and fee are subm	nitted for filing.
Please	e return all correspondence concerning	g this matter to the following:
Lisa K	Lupper	
-	Name of Contact Person	
Aberd	icen Asset Management Inc	
	Firm/Company	
1735 1	Market Street, 32nd Floor	
	Address	
Philad	lelphia, PA 19103	
	City/State and Zip Code	
lisa.kı	ipper@aberdeenstandard.com	
	E-mail address: (to be used for future ann	ual report notification)
For fi	urther information concerning this ma	tter, please call:
Lisa K	Kupper	215 405-5700
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclo	osed is a check for the following amou	int:
\boxtimes	\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of State	\$ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	ng Address:	Street Address:
	ndment Section ion of Corporations	Amendment Section Division of Corporations
	Box 6327	Clifton Building
	hassee FI 32314	266) Executive Center Circle

Tallahassee, FL 32301

Page 1



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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ABERDEEN ASSET

MANAGEMENT INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "ABERDEEN ASSET MANAGEMENT INC." ON THE TWENTIETH DAY OF

DECEMBER, A.D. 2005, AT 1:40 O'CLOCK P.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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABERDEEN

ASSET MANAGEMENT INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY

OF JANUARY, A.D. 1994.



Authentication: 203614655

Date: 10-15-18

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