110300001809

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	<u>_</u>
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





300292146623

FILED 2016 NOV 22 KM 9: 48 SECRETARY OF STATE

16 NOV 22 AM IO: 48

K. SALY NOV 23 2016 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 120000001	95
	REFERENCE	111 11 11	167868A
	AUTHORIZATION	Syretable.	
	COST LIMIT	: \$ 25.00	
ORDER DATE : No	ovember 15, 2016	·	
ORDER TIME :	9:48 AM		
ORDER NO. : 3	70611-105		
CUSTOMER NO:	167868A		
	FOREIGN FI	LINGS	
NAME:	WELLS FARGO AD	VISORS, LLC	
XX LIMITED L	ABILITY COMPANY		
XXXX AMENDMENT			
PLEASE RETURN TH	HE FOLLOWING AS	PROOF OF FILI	NG :
XX PLAIN ST	TAMPED COPY		

EXAMINER:

CONTACT PERSON: Troy Todd -- EXT# 62940

COVER LETTER

TO:	Registration S Division of C			
SUBJI	_{ECT:} Well	s Fargo Advisors	s, LLC	
		Name of Foreign	Limited Liability Comp	pany
Dear S	Sir or Madam:			
The en	closed applica	tion, certificate and fee(s) ar	e submitted for filing.	
Please	return all corre	espondence concerning this	natter to the following:	:
		Name of Person		
Cor	poration	Service Compar	ıy	
		Firm/Company		
271	1 Center	ville Road, Suite	400	
		Address		
Wilr	mington,	DE 19808		
		City/State and Zip Code		
com	npliancer	nail@cscglobal.d	om	
	•	be used for future annual re		
For fu	rther information	on concerning this matter, pl	ease call:	
			t (
	Name	e of Person	\	ne Telephone Number
	Registration S Division of C Clifton Build 2661 Executi	Corporations	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
	sed is a check Filing Fee	for the following amount: \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E05	5 (9/15)			• •



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

	- mass at somptions)
1. Name of limited liability Company as it appears on t	the records of the Florida Department of
State: Wells Fargo Advisors, LLC	
Enter new principal office address, if applicable:	**************************************
(Principal office address MUST BE A STREET ADDRESS)	the records of the Florida Department of
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liability	company is: M0300001809
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 06/03/	2003
SECTION II (5-9 complete only the applicable change	
	s Fargo Clearing Services, LLC tain "Limited Liability Company," "L.L.C" or "LLC.")
(must con	tain "Limited Liability Company, " "L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted for to copy of the written consent of the managers or managin must contain "Limited Liability Company," "L.L.C." or	the purpose of transacting business in Florida and attach a g members adopting the alternate name. The alternate name "LLC.")
6. If amending the registered agent and/or registered off registered agent and/or the new registered office addres	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida City Zip Code
the provisions of all statutes relative to the proper and and accept the obligations of my position as registered	d agree to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar with agent as provided for in Chapter 605, F.S. Or, if this e registered office address, I hereby confirm that the limited

If the amendment of	changes person, title or capacity in acc	cordance with 605.0902 (1)(e), indicate that	Change: 22 A
tle/ Capacity	<u>Name</u>		Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
		<u> </u>	Remove
		WHITE A STATE AND	Add
			Remove
aforementioned an	Ticate, if required: no more than 90 da nendment(s), duly authenticated by the the law of which this entity is organization.	ne official having custody of records in the	
	Beculy Signature of the	Jackon Gauthorized representative	

Filing Fee: \$25.00

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WELLS FARGO ADVISORS,

LLC", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "WELLS

FARGO CLEARING SERVICES, LLC" ON THE ELEVENTH DAY OF OCTOBER,

A.D. 2016, AT 12:51 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE ELEVENTH DAY OF NOVEMBER, A.D. 2016 AT 11:59 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

SLORE HARY OF STATE FALL AHASSEE. FLORID

2016 NOV 22 AM 9: 48

Authentication: 203357608

Date: 11-17-16

2107318 8320 SR# 20166688025