## M04 00000 2198

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





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03/15/19--91022--021 \*\*25.00

1.03/20/19



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: March 13, 2019

Order#: 641166-031

Re: BARINGS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25

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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i. Na	ame of the limited liability company: BARINGS LLC	2		
2 (a)	300 South Tryon Street, Suite 2500	(b)		
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	Charlotte, NC 28202			
	06/07/2004	<u>M</u>	04000002198	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	C T Corporation System			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Plantation F	22224		
(b)	Plantation , FI, 33324			
	Corporation Service Company			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	1201 Hays Street			
	NEW Registered Office Address:			
	Tallahassee, F	L_32301		
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members of organization or the operating agreement of the	of the registere liability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
	Xee & Come	Jill Cilm	i, Authorized Person	
Signa	tire of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	e performance led for in Chap	e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed	
Signatu	re of Registered Agent Corporation Service Company	BY: Ami	M. Casper, Asst. Vice President	