

104000005734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

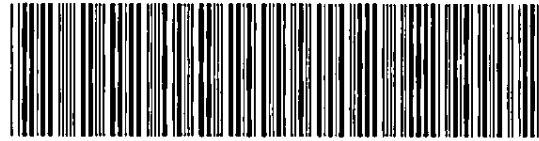
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

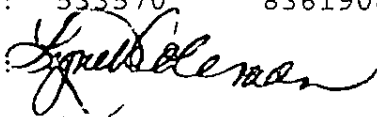
FILED

2022 JUN 24 AM 10:23

TALLAHASSEE, FL

6/27/2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 533570 8361908
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : March 8, 2022

ORDER TIME : 2:56 PM

ORDER NO. : 533570-645

CUSTOMER NO: 8361908

FOREIGN FILINGS

NAME: WELLS FARGO FUNDS DISTRIBUTOR,
LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX 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: Eyliena Baker -- EXT#

EXAMINER: _____

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

2022 JUN 24 AM 10:23

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Wells Fargo Funds Distributor, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

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: M04000005734

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 12/30/2004

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Allspring Funds Distributor, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____. **Florida**

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Rene S. Picazo

Signature of the authorized representative

Rene Picazo

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "WELLS FARGO FUNDS DISTRIBUTOR, LLC", CHANGING ITS NAME FROM "WELLS FARGO FUNDS DISTRIBUTOR, LLC" TO "ALLSPRING FUNDS DISTRIBUTOR, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF NOVEMBER, A.D. 2021, AT 9:35 O'CLOCK A.M.



3827116 8100
SR# 20222811832

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203753964
Date: 06-23-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:35 AM 11/01/2021
FILED 09:35 AM 11/01/2021
SR 20213662556 - File Number 3827116

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
WELLS FARGO FUNDS DISTRIBUTOR, LLC

The undersigned, being duly authorized to execute and file this Certificate of Amendment to Certificate of Formation for the purpose of amending the Certificate of Formation pursuant to the Section 18-202 of the Limited Liability Company Act of the State of Delaware, does hereby certify as follows:

FIRST

1. Name. The name of the limited liability company is Wells Fargo Funds Distributor, LLC (the "Company").

SECOND

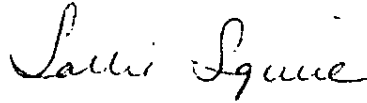
Paragraph 1 of the Certificate of Formation of the Company is hereby deleted in its entirety and amended to read in full as follows:

1. The name of the limited liability company formed hereby is Allspring Funds Distributor, LLC.

* * * * *

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of
Amendment to Certificate of Formation as of the 1st day of November, 2021.

WELLS FARGO FUNDS DISTRIBUTOR, LLC

A handwritten signature in cursive script, reading "Sallie Squire", written over a horizontal line.

By: _____
Name: Sallie Squire
Title: Chief Operating Officer