(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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RECEIVED MAY 1 1 2020

R. WHATE MAY 2 6 2020

Delaware Division of Corporations 401 Federal Street - Suite 4

Dover, DE 19901 Ph: 302-739-3073 Fax: 302-739-3812

> Certificate of Amendment for Limited Liability Company

Dear Sir or Madam:

Enclosed please find a form for a Certificate of Amendment for a Delaware Limited Liability Company to be filed in accordance with the Limited Liability Company Act of the State of Delaware. The fee to file the Certificate is \$200 and you will receive a stamped "Filed" copy of your submitted document. A certified copy may be requested for an additional \$50.00. Expedited services are available. Please contact our office concerning these fees. Please make your check payable to the "Delaware Secretary of State".

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State Division of Corporations

encl. rev. 7/03

COVER LETTER

	_		Section Corporations				
SUBJE	CT:	Univer	sal Account Servicing, L.	.L.C.			
			Name of F	oreign l	.imited I	.iability Co	mpany
Dear Sir	or M	1adam:					
The enc	losed	applic	ation, certificate and f	ce(s) are	submitt	ed for filing	g.
Please re	eturn	all cor	respondence concerni	ng this r	natter to	the followi	ng:
Jen Price	, Con	pliance	Manager				
			Name of Person				
Universa	l Acc	ount Sei	vicing, L.L.C.				
			Firm/Company	-			
603 East	Street	t, Suite	301				
			Address				
Parkville	, мо	64152					
			City/State and Zip	Code			
licensing							
E-mai	l add	ress: (1	o be used for future a	nnual re	port notif	iication)	
For furth	ner in	format	ion concerning this m	atter, ple	ease call:		
Jen Price	, Com	pliance	Manager	at	816	584-4	734
		Nam	e of Person			ode & Dayt	time Telephone Number
} 1	Regis Divis P.O. l	ion of Box 63	Section Corporations			Division The Ce 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303
i ≘ \$25 Fi			a check for the follow □ \$30 Filing Fee & Certificate of Sta	Ü		ng Fee & d Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

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)

Name of limited liability Company as it appears Universal Account Servicing 1.1.C.	s on the records of the Florida Departme	ent of
State: Universal Account Servicing, L.L.C. Enter new principal office address, if applicable:	603 East Street, Suite 301	
(Principal office address MUST BE A STREET ADDRESS)	Parkville, MO 64152	
Enter new mailing address, if applicable:	603 East Street, Suite 301	
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Parkville, MO 64152	2020
2. The Florida document number of this limited lia	bility company is: M08000002489	
Jurisdiction of its organization: Delaware		<u></u>
4. Date authorized to do business in Florida: 05/21	7/2008	12:5
SECTION II (5-9 complete only the applicable of		5
5. New name of the limited liability company: (must (If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	for the purpose of transacting business raging members adopting the alternate is	in Florida and attach a
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	12 F2 1 . 15	416
	Enter Florida Street .	
	City , F10	orida <u>Zip Code</u>
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I fur and complete performance of my duties ered agent as provided for in Chapter 6 in the registered office address, I hereb	, and I am familiar with 05, F.S. Or, if this

. If the amendment c	hanges person, title or capacity in a	ccordance with 605.0902 (1)(e), indicate the	hat change:
itle/ Capacity	Name	Address	Type of Action
			□∧dd
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			□Add
aforementioned am	ne law of which this entity is organ	the official having custody of records in nized. Ca the authorized representative	TRemo

Filing Fee: \$25.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICONAL AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICONAL AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICONAL AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICONAL AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICONAL AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICONAL AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICONAL AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICONAL AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICONAL AND ORIGINAL DOCUMENT SECURITY SCREEN OR BACK WITH PADLOCK SECURITY ICONAL AND ORIGINAL DOCUMENT SECURITY SCREEN OR BACK WITH PADLOCK SECURITY ICONAL AND ORIGINAL DOCUMENT SECURITY SCREEN OR BACK WITH PADLOCK SECURITY ICONAL AND ORIGINAL DOCUMENT SECURITY SCREEN OR BACK WITH PADLOCK SECURITY ICONAL AND ORIGINAL DOCUMENT SECURITY SE Universal Account Servicing, LLC Texas Capital Bank 31925 Operating Account 7505 NW Tiffany Springs Parkway Suite 400 Dallas, Texas Kansas City, MO 64153 32-1797/1110 (816) 584-4700 5/4/2020 PAY TO THE ORDER OF Secretary of State **200.00 **DOLLARS** Secretary of State 401 Federal Street, Suite 4 Dover, DE 19901 Void After 90 Days MEMO AUTHORIZED SIGNATURE MP 0°0319250 #111017979# 15110157760 Universal Account Servicing, LLC 31925 Secretary of State 5/4/2020 Date Type Reference Original Amt. Balance Due Discount 5/1/2020 Bili 3890180 **Payment** 200.00 200.00 200.00 **Check Amount** 200.00 Checking - TCB - Ope

200.00

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Universal Account Servicing, LLC The Certificate of Formation of the limited liability company is hereby as as follows: Change of Address, effective as of 06/01/2020 to: Universal Account Servicing, LLC Attn: Jen Price, Compliance Manager 603 East Street, Suite 301 Parkville, MO 64152 IN WITNESS WHEREOF, the undersigned have executed this Certificathe lst day of May , A.D. 2020 By: Jennifer Price Authorized Person(s)	Name of Limited	Liability Company:
Change of Address, effective as of 06/01/2020 to: Universal Account Servicing, LLC Attn: Jen Price, Compliance Manager 603 East Street, Suite 301 Parkville, MO 64152 IN WITNESS WHEREOF, the undersigned have executed this Certificathe lst day of May .A.D. 2020	Universal A	count Servicing, LLC
Universal Account Servicing, LLC Attn: Jen Price, Compliance Manager 603 East Street, Suite 301 Parkville, MO 64152 IN WITNESS WHEREOF, the undersigned have executed this Certifica the lst day of May .A.D. 2020 By:	The Certificate of as follows:	f Formation of the limited liability company is hereby a
Universal Account Servicing, LLC Attn: Jen Price, Compliance Manager 603 East Street, Suite 301 Parkville, MO 64152 IN WITNESS WHEREOF, the undersigned have executed this Certifica the lst day of May .A.D. 2020 By:	Change of A	ddress, effective as of 06/01/2020 to:
By: Jennifer Price	Attn: Jen Pi 603 East Sti	rice, Compliance Manager reet, Suite 301
By: Jennifer Price	N WITNESS W	HEREOF, the undersigned have executed this Certifica
	ne <u>rac</u>	day of May, A.D. 2020
Name: Jen Price, Compliance		Name: Jen Price, Compliance

Department of State: Division of Corporations

Allowable Characters

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Incompation Date / 12/2/2004

Formation Dato: (mm/dd/yyyy)

Entity Namo:

File Number:

Residency:

UNIVERSAL ACCOUNT SERVICING, LLC

Limited

Entry Kind:

Liability

Entity Type: General

Company

Domestic

State: DELAWARE

REGISTERED AGENT INFORMATION

Name:

CORPORATION SERVICE COMPANY

Address:

251 LITTLE FALLS DRIVE

City:

WILMINGTON

County: New Castle

State:

DE

Postal Codo: 19808

Phone:

302-536-6401

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