

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

17	Address:			
LMALL	ADGTASS:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FINANCIAL DEVELOPMENT HOLDCO LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Corporate Filing Menu

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### **COVER LETTER**

Registration Section
Division of Corporations TO:

SUBJECT: FINANCIAL DEVELO	PMENT HOLDCO LLC	
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Antonio Gonzalez		•
Name of Person		
New York Life Insurance Con	mpany	
Firm/Company	· · · · · · · · · · · · · · · · · · ·	
51 Madison Avenue		
Address		r
New York, N.Y. 10010		<u>≥</u>
City/State and Zip Code	TAR	ECRE
agonzale@nyl.com	聚 : 	TANK THE
E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this matter, ple	ease call:	YIS.
Antonio Gonzalez	(212 ) 576-4749	증체
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:  \$25 Filing Fee \$30 Filing Fee & Certificate of Status  CR2E055 (9/15)	S55 Filing Fee & S60 Filing Fee, Certified Copy Certified Copy  Section Certified Copy	

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#### 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)

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:	M11000001994	
3. Jurisdiction of its organization: Delaware			i A
4. Date authorized to do business in Florida:	4/20/2011		
SECTION II (5-9 complete only the applicabl			HIR 23
S. New name of the limited liability company:	IndexIQ LLC	•	ယ
(m			
<b>\</b>	ust contain "Limited L	iability Company, ""L.L.C.," or "LLC."	至 9
(If name unavailable, enter alternate name adopt copy of the written consent of the managers or must contain "Limited Liability Company," "L.I	ted for the purpose of the nanaging members addC." or "L.L.C.")	ransacting business in Florida and attach opting the alternate name. The alternate name.	ങ. ര്
(If name unavailable, enter alternate name adopt copy of the written consent of the managers or a must contain "Limited Liability Company," "L.I.	ted for the purpose of the nanaging members add L.C." or "L.C.")	ransacting business in Florida and attach opting the alternate name. The alternate name.	99 and
(If name unavailable, enter alternate name adopt copy of the written consent of the managers or must contain "Limited Liability Company," "L.I 6. If amending the registered agent and/or registered agent and/or the new registered office	ted for the purpose of the nanaging members add L.C." or "L.C.")	ransacting business in Florida and attach opting the alternate name. The alternate name of the new	E 9: 5 and
(If name unavailable, enter alternate name adopt copy of the written consent of the managers or must contain "Limited Liability Company," "L.I.  6. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:  C T Corp	ted for the purpose of the purpose o	ransacting business in Florida and attach opting the alternate name. The alternate name of the new Road	9. 251 and
(If name unavailable, enter alternate name adopt copy of the written consent of the managers or a must contain "Limited Liability Company," "L.I.  6. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:  C T Corp  New Registered Office Address:  1200 Sou	ted for the purpose of the nanaging members address or "LLC.")  ered officer address or address here:  poration System  ath Pine Island	ransacting business in Florida and attach opting the alternate name. The alternate name of the new our records, enter the name of the new Road	F 9: Same
(If name unavailable, enter alternate name adopt copy of the written consent of the managers or a must contain "Limited Liability Company," "L.I.  6. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:  C T Corp  New Registered Office Address:  1200 Sou	ted for the purpose of the purpose o	ransacting business in Florida and attach opting the alternate name. The alternate name of the new Road	9: 55 ame

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Filing Fee: \$25.00

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# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "FINANCIAL DEVELOPMENT HOLDCO LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "INDEXIQ LLC" ON THE FIFTEENTH DAY OF APRIL, A.D. 2015, AT 1:49 O'CLOCK P.M.

4370933 8320 SR# 20161672651 Authentication: 201988397 Date: 03-15-16

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