## M1200004438

| (Re                      | questor's Name)                         | -    |  |  |  |  |  |
|--------------------------|---|------|--|--|--|--|--|
|                          |   |      |  |  |  |  |  |
| (Address)                |   |      |  |  |  |  |  |
|                          |   |      |  |  |  |  |  |
| (Address)                |   |      |  |  |  |  |  |
|                          |   |      |  |  |  |  |  |
| (City/State/Zip/Phone #) |   |      |  |  |  |  |  |
| PICK-UP                  | ☐ WAIT                                  | MAIL |  |  |  |  |  |
|                          |   |      |  |  |  |  |  |
| (Bu                      | siness Entity Nar                       | me)  |  |  |  |  |  |
|                          |   |      |  |  |  |  |  |
| (Document Number)        |   |      |  |  |  |  |  |
|                          |   |      |  |  |  |  |  |
| Certified Copies         | Certified Copies Certificates of Status |      |  |  |  |  |  |
|                          |   |      |  |  |  |  |  |
| Special Instructions to  | Filing Officer:                         |      |  |  |  |  |  |
|                          | J                                       |      |  |  |  |  |  |
|                          |   |      |  |  |  |  |  |
|                          |   |      |  |  |  |  |  |
|                          |   |      |  |  |  |  |  |
|                          |   |      |  |  |  |  |  |
|                          |   |      |  |  |  |  |  |
|                          |   |      |  |  |  |  |  |





000319867220

10/24/18--01023--026 \*\*25.00

III/IR OS



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: October 22, 2018

Order#: 434491-254

Re: DST RETIREMENT SOLUTIONS, 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.

| ۱.              | Na                       | me of the limited liability company: DST RETIREM  | ENT SOL  | UTIONS, LLC   | <u> </u>  |   |   |  |
|-----------------|--------------------------|---|--|---|---|---|---|--|
| 2               | (n)                      | 333 West 11th Street, 5th Floor   | (b)  | ١   |   |   |   |  |
| <u>.</u> .      | (a)                      | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (0,  | (b) Mailing address of limited be (Note: MAY BE POST (              |   |   |   |  |
|                 |                          | Kansas City, MO 64105   | _  |   | <del></del>   |   |   |  |
|                 |                          | 08/07/2012  |  | M12000004   | 438   |   |   |  |
| 3.              |                          | Date of filing/registration in Florida  | <br>-4.  | D   | ocument number  |   | <del>.</del>  |  |
| -               | (0)                      | C T Corporation System  |  |   |   | ۲. 3  |   |  |
| Э.              | (a)                      | Registered Agent and Registered Office shown on the records of t  | the Florida                                      | Dept. of State:   |   | •   | ·   |  |
|                 |                          | 1200 South Pine Island Road   |  | •   |   | -,  |   |  |
|                 |                          | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |  |   |   | 2   | ;   |  |
|                 |                          |   |  | •   |   | -   |   |  |
|                 |                          |   |  |   |   | ·,  |   |  |
|                 |                          | Plantation ,FL  | 33324  |   |   | en<br>ezh                                       |   |  |
|                 |                          |   |  |   |   | ند  |   |  |
|                 | (b)                      | Corporation Service Company   |  |   |   |   |   |  |
|                 |                          | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>  | Office add                                       | lress;  |   |   |   |  |
|                 |                          |   |  |   |   |   |   |  |
|                 |                          | 1201 Hays Street  |  | <del></del>   |   |   |   |  |
|                 |                          | NEW Registered Office Address:  |  |   |   |   |   |  |
|                 |                          |   |  |   |   |   |   |  |
|                 |                          |   |  |   |   |   |   |  |
|                 |                          | Tallahassee   | 32301  |   |   |   |   |  |
| the<br>ag       | e cha<br>ent w<br>as/wa  | mited liability company is not organized under the law<br>nge or changes are made, the Florida street address of<br>fill be identical. Or, in the case of a Florida limited have<br>authorized by an affirmative vote of the members of<br>the operating agreement of the   | the registability cou<br>of the limi             | tered office at<br>mpany, it is he<br>ited liability c              | nd the business o<br>ereby confirmed<br>ompany or as oth                            | ffice of the that the c                         | he registered<br>hange(s)                                 |  |
|                 | /                        | Xee E. Cleve  | Jill C   | ilmi, Authoriz  | ed Person   |   |   |  |
|                 | Signet                   | ure of a member or authorized representative of a member  |  | Pı  | rinted or typed name  | of signee                                       |   |  |
| pr<br>the<br>to | ovisia<br>e obla<br>mera | of accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have been address, I have been a change in the registered office address, I have been address. | ee to act<br>performa<br>d for in C<br>hereby co | in this capaci<br>ince of my du<br>hapter 605, F<br>infirm that the | ity. I further agreties, and I am fan<br>i.S. Or, if this do<br>I limited liability | ee to com<br>niliar wit<br>cument i.<br>company | ply with the<br>h and accept<br>s being filed<br>has been |  |
| Si              | gnatui                   | e of Registered Agent Corporation Service Company   | BY: Aı   | ni M. Caspe   | r, Asst. Vice Pro   | esident   |   |  |