



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

ACCOUNT NO. : I20000000195  
REFERENCE : 902731 7899828  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : July 13, 2021  
ORDER TIME : 1:53 PM  
ORDER NO. : 902731-045  
CUSTOMER NO: 7899828

FOREIGN FILINGS

NAME: CETERA INVESTMENT ADVISERS LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cetera Investment Advisers LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified 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)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Cetera Investment Advisers LLC

Enter new principal office address, if applicable: 1450 American Lane, Suite 650  
Schaumburg, IL 60173  
*(Principal office address)*  
**MUST BE A STREET ADDRESS**

Enter new mailing address, if applicable: 1450 American Lane, Suite 650  
Schaumburg, IL 60173  
*(Mailing address)*  
**MAY BE A POST OFFICE BOX**

2. The Florida document number of this limited liability company is: M13000000240

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/11/2013

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

5. New name of the limited liability company: \_\_\_\_\_  
(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

2021 JUL 13 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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

\_\_\_\_\_

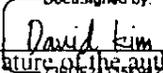
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Treas	Mark Shelson	400 1st St South, Ste 300	<input type="checkbox"/> Add
		St Cloud, MN 56301	<input checked="" type="checkbox"/> Remove
Asst. Sec	David Kim	1450 American Lane, STE 650	<input checked="" type="checkbox"/> Add
		Schaumburg, IL 60173	<input type="checkbox"/> Remove
Treasure	Keith Shores	1450 American Lane, STE 650	<input checked="" type="checkbox"/> Add
		Schaumburg, IL 60173	<input type="checkbox"/> Remove
VP	Stanley R. Smiley	1450 American Lane, STE 650	<input checked="" type="checkbox"/> Add
		Schaumburg, IL 60173	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
 TALLAHASSEE, FL  
 2021 JUL 13 AM 8:30  
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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.

DocuSigned by:  
  
 Signature of the authorized representative

David Kim

\_\_\_\_\_  
 Typed or printed name of signee

**Filing Fee: \$25.00**