Division of Corporations Electronic Filing Cover Sheet

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(((H16000060892 3)))



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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-B842

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.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NFP ADVISOR SERVICES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

MAR 1 0 2016

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Corporate Filing Menu

Help

COVER LETTER

₩	iration Son of Co	ection prporations				
SUBJECT:	NFP Adv	isor Services, LLC				
SOBJECT.	-	Name of Foreig	n Li	mited Liabil	ity Compa	nny
Dear Sir or M	adam:					
The enclosed	applicati	on, certificate and fee(s)	are s	submitted fo	r filing,	
Please return	all corre	spondence concerning thi	is ma	itter to the fo	ollowing:	
Mark Richter						
		Name of Person				
NFP						
		Firm/Company				
1250 S Cap of	TX Hwy,	Bldg 2, Suite 125				
		Address				
Austin, TX 78	746					
		City/State and Zip Code	3			
dhrankai@nfp.						
E-mail add	ress: (to	be used for future annual	repe	ort notificati	on)	
For further in:	formatio	n concerning this matter,	plea	se call:		
Mark Richter			at (512	697-6869	
	Name	of Person			& Daytim	e Telephone Number
Regisi Divisi Clifto 2661	tration S lon of Co n Buildin Executiv	rporations			Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314
Enclosed is a \$25 Filing CR2E055 (9/15)		or the following amount \$30 Filing Fee & Certificate of Status		S55 Filin Certified		S60 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 reco	rds of the Florida Department of		
State: NFP Advisor Services, LLC			
State:			-
Enter new principal office address, if applicable:			-
(Principal office address: MUST BE A STREET ADDRESS)		<u></u>	-
-			-
Enter new mailing address, if applicable: (Mailing address		·····	~
MAY BE A POST OFFICE BOX)			-
2. The Florida document number of this limited liability compa	ny is: M1400000694B		-
3. Jurisdiction of its organization: Texas			x
4. Date authorized to do business in Florida: 9/26/2014		<u> </u>	GYM
SECTION II (5-9 complete only the applicable changes)			
5 New pame of the limited liability company. Kestra Investm	ent Services, LLC		·, ·
(must contain "Li	mited Liability Company, " "L.L.C.,	Cor "LLC	3)
		<u>ම්</u>	
(If name unavailable, enter alternate name adopted for the purp copy of the written consent of the managers or managing mem must contain "Limited Liability Company," "L.L.C." or "LLC.	ers adopting the alternate name. The	a and attath e alternate n	i a iame
6. If amending the registered agent and/or registered officer address tered agent and/or the new registered office address here:	iress on our records, enter the name	of the new	
Name of New Registered Agent:	***		-
New Registered Office Address:			_
	Enter Florida Street Address		
	City , Florida	V. Codo	_
	City	up Coae	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet and accept the obligations of my position as registered agent a document is being filed to merely reflect a change in the registe liability company has been notified in writing of this change.	to act in this capacity. I further agree e performance of my duties, and I as s provided for in Chapter 605, F.S.	m familiar v Or, if this	vith

If Changing Registered Agent, Signature of New Registered Agent

3/9/2016 11:32:40 AM From: To: 8506176383(4/5)

.

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
le/ Capacity	Name	<u>Address</u>	Type of Action		
			Add		
			Remov		
			DAdd		
			Remov		
			Add		
			Remoty		
			Add Remove		
·			Remov		
forementioned am	he law of which this entity is org	by the official having custody of record ganized.	is in the		
	Signature	of the authorized representative			

-- - -- -

Filing Fee: \$25.00

3/9/2016 11:32:40 AM From: To: 8506176383(5/5)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



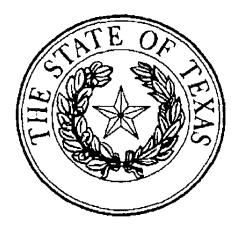
Carlos H. Cascos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on March 01, 2016, NFP Advisor Services, LLC, a Domestic Limited Liability Company (LLC) (file number 802056265), changed its name to Kestra Investment Services, LLC.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 08, 2016.



Carlos H. Cascos Secretary of State

Phone: (512) 463-5555 Fax: (5: Prepared by: SOS-WEB TIE

Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709 TID: 10254

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