

W1500002293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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TO AGRI-CULTURE  
SUFFICIENT OF FILING

FILED

2015 OCT 14 A 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 22 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2015

FLORIDA FILING & SEARCH SERVICES

SUBJECT: HCP PACIFIC ASSET MANAGEMENT, LLC  
Ref. Number: M15000002293

We have received your document for HCP PACIFIC ASSET MANAGEMENT, LLC and the authorization to debit your account in the amount of \$60.00. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 215A00021829

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 10-14-15**

**NAME: HCP PACIFIC ASSET MANAGEMENT, LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 60.00**

**RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE**

**FILED**  
**2015 OCT 14 A 10:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HCP Pacific Asset Management, 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

brittany.gonda@aldentorch.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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

☐ \$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: HCP Pacific Asset Management, LLC

Enter new principal office address, if applicable: 1225 17th Street STE 1400  
Denver CO 80202  
*(Principal office address  
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 1225 17th Street STE 1400  
Denver CO 80202  
*(Mailing address  
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M15000002293

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 3/27/2015

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

5. New name of the limited liability company: Alden Pacific Asset Management LLC  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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>                      |
|------------------------|-----------------------------------|------------------------------|--|
| <u>MBR</u>             | <u>HCP Pacific, LLC</u>           | <u>1225 17th St STE 1400</u> | <input type="checkbox"/> Add               |
|                        |                                   | <u>Denver CO 80202</u>       | <input checked="" type="checkbox"/> Remove |
| <u>MBR</u>             | <u>Alden Torch Financial, LLC</u> | <u>1225 17th St STE 1400</u> | <input checked="" type="checkbox"/> Add    |
|                        |                                   | <u>Denver CO 80202</u>       | <input type="checkbox"/> Remove            |
|                        |                                   |                              | <input type="checkbox"/> Add               |
|                        |                                   |                              | <input type="checkbox"/> Remove            |
|                        |                                   |                              | <input type="checkbox"/> Add               |
|                        |                                   |                              | <input type="checkbox"/> Remove            |

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.

Nicole Wideman  
Signature of the authorized representative

Nicole Wideman

Typed or printed name of signee

Filing Fee: \$25.00

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2015 OCT 16 A 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HCP PACIFIC ASSET  
MANAGEMENT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS  
NAME TO "ALDEN PACIFIC ASSET MANAGEMENT, LLC" ON THE FIRST DAY  
OF JUNE, A.D. 2015, AT 11:47 O'CLOCK A.M.



5054967 8320  
SR# 20150457380

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 10216842  
Date: 10-09-15

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALDEN PACIFIC ASSET MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALDEN PACIFIC ASSET MANAGEMENT, LLC" WAS FORMED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5054967 8300

SR# 20150457336

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 10216808

Date: 10-09-15