M15000006649

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	d Copies Certificates of Status	
Special Instructions to	Filing Officer:	
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16 APR 11 AM 10: 56

16 APR 11 AM 8: 43

APR 1 2 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO. : 12000000195	
	REFERENCE : 092667 8088524	
	AUTHORIZATION THE RELIEF	
	COST LIMIT : \$ 25.00	
ORDER DATE :	April 6, 2016	
ORDER TIME :	2:36 PM	
ORDER NO. :	092667-045	
CUSTOMER NO:	8088524	
		_
	FOREIGN FILINGS	

NAME:

GE COMMERCIAL DISTRIBUTION

FINANCE, LLC

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd ext. 62940

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI				
	Name of Foreign	n Limited Liabi	ility Compa	ny
Dear S	ir or Madam:			
The en	aclosed application, certificate and fee(s)	are submitted fo	or filing.	
Please	return all correspondence concerning this	s matter to the f	following:	
Brid	iget LaSalle			
	Name of Person		-	
We	lls Fargo Law Dept.			
	Firm/Company		-	
559	5 Trillium Boulevard		_	
	Address			
Hof	fman Estates, IL 60192			
· ·	City/State and Zip Code		-	
brid	lget.l.lasalle@wellsfargo	.com		
E-m	ail address: (to be used for future annual	report notificat	ion)	
For fiv	wther information accoming this worth.	-I II-		
	rther information concerning this matter, I get LaSalle	•	7176	3901
DIT	. 	at (047) 141-(Telephone Number
	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		Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314
☐ \$25	sed is a check for the following amount Filing Fee \$\sum \text{Status}\$ Certificate of Status	: \$55 Filin Certified	_	S60 Filing Fee, Certificate of Status & Certified Copy
CKZE05	is (9/1 5)			

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 appear	ars on the records of t	he Florida Departr	nent of	
State: GE Commercial Distribution	n Finance LLC	;		
Enter new principal office address, if applicable:	FOO Woot Ma		hicago, IL 60661	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	500 West Mo	nroe Street C	hicago, IL 60661	
2. The Florida document number of this limited l	iability company is:	M150000066	349	
3. Jurisdiction of its organization: Delaware)			
4. Date authorized to do business in Florida: 08	3/21/2015		27/	5
SECTION II (5-9 complete only the applicable	e changes)			C C C
5. New name of the limited liability company:	Wells Fargo Com	mercial Distribu	tion Finance; LLC -	
(mu	ust contain "Limited I	Liability Company,	""L.L.C.," or "LLC.")	<u> </u>
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	ianosins momocio au	transacting busines	s in Florida and attach a name. The alternate name) e
6. If amending the registered agent and/or registered agent and/or the new registered office	red officer address or address here:	n our records, ente	the name of the new	
Name of New Registered Agent: Corporati	on Service Cor	mpany		
New Registered Office Address: 1201 Hay	s Street			
_		Enter Florida Stree		
<u></u>	allahassee	, F	lorida 32301	
	City		Zip Code	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope and accept the obligations of my position as regi document is being filed to merely reflect a chang liability company has been notified in writing of	gent and agree to act is and complete performance is the performance of the performance of this change.	rmance of my duti ded for in Chapter lice address, i here	es, and I am familiar with 605, F.S. Or, if this by confirm that the limited Troy Todd as its agent	!
ų j	Changing Registered	URent' Oldinginie	of New Registered Agent	

Fitle/ Capacity	<u>Name</u>	Address	Type of Action
MGR	Stephen Battreall	500 W Monroe St.	
		Chicago, IL 60661	Remove
MGR	Henry K. Jordan	2450 Colorado Ave 3rd Floor, Suite	3000 Add
		Santa Monica, CA 90404-3	3575 ☐ Remove
MGR	Guy Fuchs	2450 Colorado Ave 3rd Floor, Suite	3000 Add
		Santa Monica, CA 90404-3	575 Remove
			Add
	:		Remove 16
aforemention	a certificate, if required: no more than 90 ned amendment(s), duly authenticated by under the law of which this entity is organized.	y the official having custody of records in t	Remove 89.

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GE COMMERCIAL DISTRIBUTION FINANCE LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "WELLS FARGO COMMERCIAL DISTRIBUTION FINANCE LLC" ON THE FIRST DAY OF MARCH, A.D. 2016, AT 10:45 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

Authentication: 202105476 Date: 04-06-16

2141782 8320 SR# 20162120793