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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUCKINGHAM ASSET MANAGEMENT, LLC

Certificate of Status	U
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FEB 1 1 2020

Electronic Filing Menu

Corporate Filing Menu

Help

### 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)

Name of limited liability Company as it appear     Name of limited liability Company as it appear	s on the records of the Florida De	epartment of	
State: Buckingham Asset Management, LLC	<del></del>		<del></del>
Enter new principal office address, if applicable:		· · · · · · · · · · · · · · · · · · ·	_
( <u>Principul office address</u> MUST BE A STREET ADDRESS)			<del></del>
Enter new mailing address, it applicable:			
(Mulling address			<b>.</b> .
MAY BE A POST OFFICE BOX)		<u></u>	020 F
2. The Florida document number of this limited lia	ability company is: M170000071	29	
		,	· ·
3. Jurisdiction of its organization: Delaware		<del></del>	
4. Date authorized to do business in Florida:	18/2017	<u> </u>	ب: <del>آ</del> <del>ال</del> ان
SECTION II (5-9 complete only the applicable			$\sim$
5. New name of the limited liability company:	luckingham Strategic Wealth, LLC		
(mus	st contain "Limited Liability Com	pany, " "L.L.C.," or "LI	.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adopting the alt	usiness in Florida and att ernate name. The alterna	ach a te name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records iddress here:	, enter the name of the ne	<u>iw</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	Street Address	
_		, Florida	_
	City	Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of the	ent and agree to act in this capac r and complete performance of m stered agent as provided for in Cl e in the registered office address,	y duties, and I am familic capter 605, F.S. Or, if this	ır with s

If Changing Registered Agent, Signature of New Registered Agent

itle/ Capacity	Name	Address	Type of Action
			Add
			Remov
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		- Language	Add
			Remove
			Add
			Remove
	- Market State Communication C		Add
			Remove
aforementioned amendme	frequired: no more than 90 d nt(s), duly authenticated by t of which this entity is organi	ine official having custody of records in the	he
,	Signature of the	he authorized representative	

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 'BUCKINGHAM ASSET

MANAGEMENT, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO 'BUCKINGHAM STRATEGIC WEALTH, LLC' ON THE SEVENTH DAY OF

FEBRUARY, A.D. 2020, AT 10:09 O'CLOCK A.M.



Authentication: 202354430

Date: 02-10-20