

MI700000 7264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

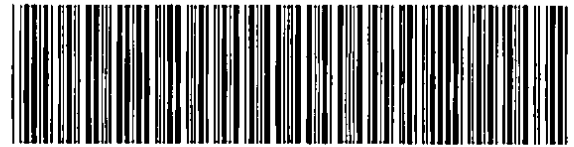
(Document Number)

Certified Copies \_\_\_\_\_

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JUL 25 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kingsview 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:

Laura Barry  
Name of Person

Kingsview Asset Management LLC  
Firm/Company

509 SE 7th St, 2nd Floor  
Address

Grants Pass, OR 97526  
City/State and Zip Code

lbarry@kingsview.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Barry at (541) 291-4405  
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

### 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: Kingsview Asset Management LLC

Enter new principal office address, if applicable: N/A

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

509 SE 7th St, 2nd Floor  
Grants Pass, OR 97526

2. The Florida document number of this limited liability company is: M17000007264

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8/22/17

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

5. New name of the limited liability company: Kingsview Wealth Management, L  
(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: N/A

New Registered Office Address: N/A

*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.*

N/A  
If Changing Registered Agent, Signature of New Registered Agent

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

W/A

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

W/A

Title/ Capacity

Name

Address

Type of Action

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

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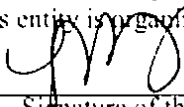
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.



\_\_\_\_\_  
Signature of the authorized representative

LAURA BARKER

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

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 THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "KINGSVIEW ASSET  
MANAGEMENT LLC", CHANGING ITS NAME FROM "KINGSVIEW ASSET  
MANAGEMENT LLC" TO "KINGSVIEW WEALTH MANAGEMENT LLC", FILED IN  
THIS OFFICE ON THE THIRD DAY OF JULY, A.D. 2019, AT 1:57  
O'CLOCK P.M.



4581100 8100  
SR# 20195809256

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: 203155375  
Date: 07-03-19

**STATE OF DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE OF AMENDMENT**

The undersigned, an authorized natural person, for the purpose of amending the Certificate of Formation of a limited liability company under the provisions and subject to the requirements of the Delaware Limited Liability Company Act, hereby certifies that:

1. The name of the Delaware limited liability company is Kingsview Asset Management LLC.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is: Kingsview Wealth Management LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Certificate of Formation on July 2, 2019.

By: /s/ Benjamin D. Panter  
Name: Benjamin D. Panter  
Title: Authorized Person