

M19 0000 10526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

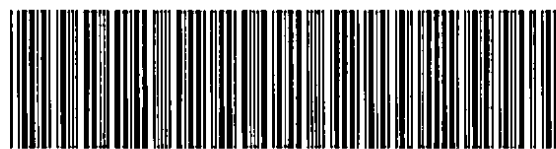
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 MAR 17 PM 12:24

R. WHITE

MAR 31 2020

COVER LETTER

TO: Registration Section
Division of Corporations

PANCHAIN SECURITIES, LLC

SUBJECT: _____
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:

CALVIN R. PERSAUD

Name of Person

PASSEFOLIO SECURITIES, LLC FORMLY KNOWN AS PANCHAIN SECURITIES, LLC

Firm/Company

2827 HELM COURT, APT. 105

Address

LANTANA, FL 33462

City/State and Zip Code

CALVIN.PERSAUD@PASSEFOLIOSECURITIES.COM

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

For further information concerning this matter, please call:

CALVIN R. PERSAUD

561

543-0842

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: PANCHAIN SECURITIES, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

M18000010526

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

DELAWARE

3. Jurisdiction of its organization: _____

JANUARY 2ND, 2019

4. Date authorized to do business in Florida: _____

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

5. New name of the limited liability company: PASSFOLIO SECURITIES, 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.

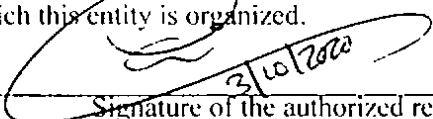
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<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.



Signature of the authorized representative
CALVIN R. PERSAUD, CHIEF COMPLIANCE OFFICER

Typed or printed name of signee

Filing Fee: \$25.00

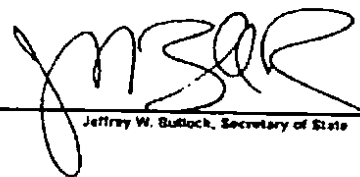
Delaware

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 "PANCHAIN SECURITIES, LLC", CHANGING ITS NAME FROM "PANCHAIN SECURITIES, LLC" TO "PASSFOLIO SECURITIES, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF JANUARY, A.D. 2020, AT 5:47 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7137814 8100
SR# 20200433654

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202231126
Date: 01-22-20

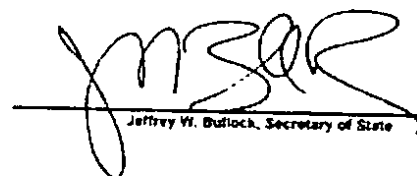
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PASSFOLIO SECURITIES, 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 TWENTY-SECOND DAY OF JANUARY, A.D. 2020.




Jeffrey W. Bullock, Secretary of State

7137814 8300

SR# 20200433654

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202231127


Date: 01-22-20

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Panchain Securities, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is changed to Passfolio Securities, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 21st day of January, A.D. 2020.

By: 
Authorized Person(s)

Name: David Gobaud
Print or Type



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8118129

DAVID GOBAUD

100 VAN NESS AVE, APT. 1208

SAN FRANCISCO, CA 94102

01-22-2020

DESCRIPTION	AMOUNT
7137814 - PASSFOLIO SECURITIES, LLC 0240Y Amendment Name	
Amendment Fee	\$180.00
Court Municipality Fee, Wilm.	\$20.00
Expedite Fee, 24 Hour	\$100.00
7137814 - PASSFOLIO SECURITIES, LLC 8100 Certified Copy - 1 Copies	
Certification Fee	\$50.00
7137814 - PASSFOLIO SECURITIES, LLC Entity Status - Short Form	
Certification Fee	\$50.00
Expedite Fee, 24 Hour	\$40.00
TOTAL CHARGES	\$440.00
TOTAL PAYMENTS	\$440.00
BALANCE	\$0.00