

M 20000005360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK UP

WAIT

MAIL

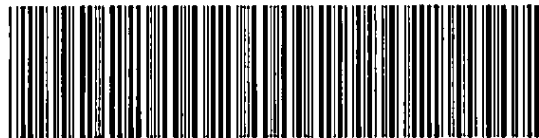
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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FILED
MAR 22 AM 9:19
STATE
OFFICE



MAR 23 2021

304 KEF
MAR 23 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 675593 5048406

AUTHORIZATION :

COST LIMIT

Spencer
\$25.00

ORDER DATE : February 22, 2021

ORDER TIME : 10:51 AM

ORDER NO. : 675593-065

CUSTOMER NO: 5048406

FOREIGN FILINGS

NAME: GUARDIAN ADVISORY SERVICES,
LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Guardian Advisory Services, 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:

Joshua Hergan
Name of Person

Guardian
Firm/Company

10 Hudson Yards
Address

New York, NY 10001
City/State and Zip Code

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

For further information concerning this matter, please call:

Joshua Hergan at (212) 919-2033
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: Guardian Advisory Services, 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)** _____

2. The Florida document number of this limited liability company is: M20000005360

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/16/2020

20
MAY 9:19
FILED

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

5. New name of the limited liability company: Park Avenue Investment Advisory, 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 "L.I.C.")

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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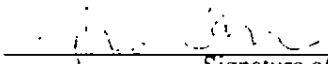
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Marianne Caswell

 Typed or printed name of signee

Filing Fee: \$25.00

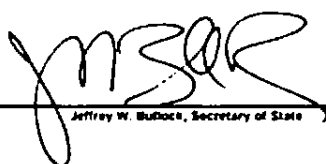
Delaware

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 "GUARDIAN ADVISORY SERVICES, LLC", CHANGING ITS NAME FROM "GUARDIAN ADVISORY SERVICES, LLC" TO "PARK AVENUE INVESTMENT ADVISORY, LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF MARCH, A.D. 2021, AT 3:18 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7982109 8100
SR# 20210943467

Authentication: 202761044
Date: 03-18-21

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

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: _____
Guardian Advisory Services, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Guardian Advisory Services, LLC has changed its name to Park Avenue Investment Advisory, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 17 day of March, A.D. 2021.

By: 

Authorized Person(s)

Name: Marianne Caswell

Print or Type