# M2100003592

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasiness Ellis) Halley
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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2022 JAN 18 AM 11:58

JAN 1 9 2022 D COMMELL CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 375590 /

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: January 12, 2022

ORDER TIME : 10:08 AM

ORDER NO. : 375590-020

CUSTOMER NO: 7508018

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### FOREIGN FILINGS

NAME: JANUS CAPITAL MANAGEMENT LLC

CORPORATE
LIMITED PARTNERSHIP
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: Alexxis Weiland -- EXT#

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Janus Capital Management LL	
Name of Fo	reign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
LISA KISH	
Name of Person	<del></del>
JANUS HENDERSON INVESTORS	
Firm/Company	
151 DETROIT STREET	
Address	
DENVER CO 80206	
City/State and Zip C	Code
LISA.KISH@JANUSHENDERSON.COM	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter	ter, please call:
LISA KISH	303 336-4246 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 followi	ng amount:
□\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	P
CR2E055 (9/15)	Certified Copy

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## 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	s on the records of the Florida	a Department of	
State: Janus Capital Management LLC			
Enter new principal office address, if applicable:		<del></del>	
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )			2022 JAN SECRETA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SECTION IN
2. The Florida document number of this limited lia	bility company is: M210000	03592	20
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 03/2	25/2021 	<u></u>	
SECTION II (5-9 complete only the applicable of 5. New name of the limited liability company: Ja	changes)	S LLC	
(must	contain "Limited Liability C	Company, " "L.L.C	O.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	aging members adopting the	g business in Flor alternate name. T	ida and attach a 'he alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our reco	rds, <u>enter the nam</u>	e of the new
Name of New Registered Agent:			
New Registered Office Address:		ida Street Addres:	
	2 7 107	Florida	
	City	riorida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>	Address	Type of Action		
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
			□Remo		
	<del></del>		□Add		
			□Remo		
			□Add		
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			□Add		
			□Remov		
			□Add		
aforementioned amo	cate, if required: no more than 90 day endment(s) duly authenticated by the ne law of which this entity is organized	e official having custody of records in the	□Remov		
		authorized representative of Managing Member, Janus Capital			

Filing Fee: \$25.00

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "JANUS CAPITAL
MANAGEMENT LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "JANUS HENDERSON INVESTORS US LLC" ON THE THIRD DAY OF
JANUARY, A.D. 2022, AT 2:44 O'CLOCK P.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.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JANUS HENDERSON INVESTORS US LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2002.

Authentication: 202411067

Date: 01-17-22

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