9/15/21, 4:23 PM

From: Ranae McGraw

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	 12	
To:		102/ SEP 13	,
10.	Division of Corporations		_
	Fax Number : (850)617-6380	ರ	n
From:			PH 1:21
	Account Name : C T CORPORATION SYSTEM		
	Account Number : FCA000000023		~
	Phone : (614)280-3338 Fax Number : (954)208-0845		
ar	the email address for this business entity to be unnual report mailings. Enter only one email address		
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ar	REGISTERED AGENT CHANGE	-	C
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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of NY registered agent, or both, in the State of Florida.	
	the corporation: TD Ameritade, Inc	·	
	office address; 200 S. 108th Ave On		
3. The mailing a	address (if different):		
		Document number: P15025	
	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on file with the esigned) TD. Special control of the sequence of the sequen	
	INCORPORATING SERVICES, L	TD.	','m \
	1540 GLENWAY DRIVE	(n)	
	TALLAHASSEE, FL 32301		
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office	3/
	CT Corporation System		
	1200 South Pine Island Road		
		P.O. Box NOT acceptable	
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the abe identical.	street address of the business office of its registered agent,	
Such change was authorized by the AM	as authorized by resolution duly ac he board, or the corporation has be	dopted by its board of directors or by an officer so sen notified in writing of the change.	
47~	_	Jennifer Kurz- Secretary	
I hereby accept I further agree of my duties, ar document is be	s even nongieu in wraing of inis cr	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete performance ne obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the nange.	
C i Corporation	Vikichle Hold	9/10/2021	
Sig	grature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
Michele Holden	- Assistant Secretary		
T	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04:13)

By: