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AMD

Michael G. Adams
 Kentucky Secretary of State
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COMMONWEALTH OF KENTUCKY
 MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
 P.O. Box 718
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Amended Certificate of Authority
 (Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

- The business entity is:

<input checked="" type="checkbox"/> profit corporation	<input type="checkbox"/> nonprofit corporation.
<input type="checkbox"/> professional service corporation	<input type="checkbox"/> business trust
<input type="checkbox"/> limited liability company	<input type="checkbox"/> limited partnership
<input type="checkbox"/> professional limited liability company	<input type="checkbox"/> statutory trust
<input type="checkbox"/> limited cooperative association	<input type="checkbox"/> non-profit LLC
<input type="checkbox"/> other	
- The name of the company is: American Funds Distributors, Inc.
 (The name must be identical to the name on record with the Secretary of State.)
- It is an entity organized and existing under the laws of the state or country of California.
- The entity received authority to transact business in Kentucky on 09/10/2001.
- The entity has changed its (check all that apply)

<input checked="" type="checkbox"/> Domicile name to	<u>Capital Client Group, Inc.</u>
<input type="checkbox"/> Name to be used in Kentucky to	_____
<input type="checkbox"/> Jurisdiction of organization to	_____
<input type="checkbox"/> Period of duration	_____
<input type="checkbox"/> Form of organization	_____
<input type="checkbox"/> Management type:	<input type="checkbox"/> Member managed <input type="checkbox"/> Manager managed
- This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Timothy W. McHale
 Signature of Authorized Representative

Timothy W. McHale
 Printed Name

Secretary
 Title

June 26, 2024
 Date