

Resolution Amending Authorized Representatives

Please use this form to amend or designate Authorized Representatives.

This document supersedes all prior Authorized Representative forms.

* Required Fields

1. Resolution		
WHEREAS,		
North Padre Island Development Co	rporation, BNY Mellon Trust Company as	
Participant Name*	Trustee	Location Number*
("Darticipant") is a local government of the State	o of Toxas and is amnowared to delegate to a public fu	ands investment need the authority to invest funds

("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds investment pool the authority to invest funds and to act as custodian of investments purchased with local investment funds; and

WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and

WHEREAS, the Texas Local Government Investment Pool ("TexPool/ Texpool Prime"), a public funds investment pool, were created on behalf of entities whose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act.

NOW THEREFORE, be it resolved as follows:

- A. That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hereby authorized to transmit funds for investment in TexPool / TexPool Prime and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.
- B. That an Authorized Representative of the Participant may be deleted by a written instrument signed by two remaining Authorized Representatives provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access to the Participant's TexPool / TexPool Prime account or (2) is no longer employed by the Participant; and
- C. That the Participant may by Amending Resolution signed by the Participant add an Authorized Representative provided the additional Authorized Representative is an officer, employee, or agent of the Participant;

List the Authorized Representative(s) of the Participant. Any new individuals will be issued personal identification numbers to transact business with TexPool Participant Services.

1.	Karyn Hicks		Representa	ative, Client Processing	
	2 1 4 4 6 8 5 5 0 8 Phone	2 1 4 4 4 6 8 5 Fax		karyn.hicks@bnymellon.com	
	Signature				
2.	Sandra Woods Name		Representa	ative, Client Processing	
	2 1 4 4 6 8 5 0 2 1 Phone	2 1 4 4 4 6 8 6 Fax	0 1 6	sandra.woods@bnymellon.com	
	Signature				
3.	Charles Nelson		Representa	ative, Client Processing	
٥.	Name		Title		
	2 1 4 4 4 6 8 5 5 4 3 Phone	2 1 4 4 6 8 6 Fax	0 1 6	charles.nelson@bnymellon.com	
	Signature				

Form Continues on Next Page 1 of 2

1. Resolution (continued)					
4. Arnetta Johnson			Lead Re	epresentative, Client F	Processing
Name			Title		
2 1 4 4 6 8 6 3	6 4 2 1 4 4 6	8 6	0 1 6	arnetta.johnson@	bnymellon.com
Phone	Fax			Email	
Signature					
int the name of the Authorized Depress	atativa liatad abaya that will hav	va nrim	am / raanan	aibility for porforming trans	nations and receiving confirmation
List the name of the Authorized Represe and monthly statements under the Partic		ve piiiii	ary respon	sibility for performing trans-	actions and receiving commutation
Karyn Hicks				1	
Name					
In addition and at the option of the Partici This limited representative cannot perform following information.				Ŭ .	, , ,
Kathlyn Shen / Lynette Lewando	owski	Vice I	Presiden	t / Senior Analyst	
Name		Title			
7 1 3 4 8 3 6 1 5 1	7 1 3 4 8 3 6	6 3	7 ka	athlyn.shen@bnymell	on.com /
Phone / 713-483-6530	Fax / 713-483-6637		Em	ail lynette.lewandow	ski@bnymellon.com
 D. That this Resolution and its author Participant Services receives a cat its regular/special meeting held 	opy of any such amendment or				
Note: Document is to be signed by yo or County Clerk.	ur Board President, Mayor or	r Count	ty Judge a	nd attested by your Boar	d Secretary, City Secretary
North Padre Island Developmer	t Corporation				
Name of Participant*					
SIGNED		ΑT	TTEST		
Signature*		Siç	gnature*		
Printed Name*		∟ Pri	inted Name*		
Title*		 Tit	le*		
2. Mailing Instructions					
The completed Resolution Amending Au	horized Representatives can b	e faxed	to TexPon	l Participant Services at 1-	866-839-3291, and mailed to:
TexPool Participant Services					
1001 Texas Avenue, Suite 1400					
Houston, TX 77002			А	dditional Authorized F	Representatives
Additional Authorized Repr	esentatives:				•
Additional Admonzed Repr	รอบแผนงชื่อ.		-	,	
E					P 214-468-5508
5				Alisha Fowler	
Constance P. Sanchez P.					cessing F 214-468-6016
	361-880-3601		a	llisha.fowler@bnymel	ion.com
ConstanceP@cctexas.com					_
			F	Additional Inquiry-Only	Representatives
6					
Judy Villalon P			_		
Assistant Treasurer F3	61-882-7320		J	acey Reeves	P 361-826-3650
JudyAV@cctexas.com				nvestment Analyst aceyR@cctexas.com	

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX-REP

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