

RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES

WHEREAS,	the City of Shoreacres (77640) (Participant Name & Location Number)
("Participant") is a lo	ocal 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; an	d
WHEREAS,	it is in the best interest of the Participant to invest local funds in investments that provide
for the preservation a	and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act;
and	

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 all 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 Representatives of the Participant. Any new individuals will be issued personal identification numbers to transact business with TexPool Participant Services.

1. Name	David K. Stall	Title City Administrator			
Signature		Phone Number 281.471.2244			
ORIGINAL	S REQUIRED	TEX – REP			

2. Name	Jayo Washington	n		Title	Mayor	
Signature	Arowa	shita	Name .	Phone	Number	
3. Name	JOSEPH GO	MER		Title	Mayor p	oro tem
Signature	Joseph	P. Homo		Phone	Number	
4. Name				Title		
Signature	<u> </u>			Phone	Number	
	e of the Authorized I and receiving confirm					ponsibility for performing on Agreement.
Name [David K. Stall					
Email a	administrator@city	ofshoreacres.u	IS	Fax N	umber	281.471.8955
perform only	inquiry of selected	nformation. This	limited representat	ive can	not perfor	ive can be designated to rm transactions. If the following information.
5. Name				Title		
revoked by the revocation. The left on the left on the left on the left revolution.	he Participant, and un This Resolution is her 26th day May	ntil TexPool Partice by introduced an	cipant Services record adopted by the P	eives a	copy of a	fect until amended or any such amendment or regular/special meeting
NAME O	F PARTICIPANT:	City of Shorea	cres, Texas			
	BY:	Daro	arash	+0		
		Signature				
		Jayo Washing Printed Name	ion			
		Mayor				
		Title				
	ATTEST:					
		Signature	TVARIA ADVISA A LA CALLA			
		David K. Stall				1944
		Printed Name City Secretary				
		Title				

This document supersedes all prior Authorized Representative designations.