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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2014 AUG 19 AM 11:22
FILED

RECEIVED
14 AUG 19 AM 6:40
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ING INSTITUTIONAL PLAN SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

AUG 20 2014
A.L.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ING Institutional Plan Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FILED
2014 AUG 19 AM 11:22
TALLAHASSEE, FLORIDA

Name of Person

Firm/Company

Address

City/State and Zip Code

tina.nelson@voya.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/13)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

- 1. Name of limited liability Company as it appears on the records of the Florida Department of State: ING Institutional Plan Services, LLC
- 2. Jurisdiction of its organization: Delaware
- 3. Date authorized to do business in Florida: 10/04/2000

FILED
2014 AUG 19 AM 11:22
TALLAHASSEE, FLORIDA

SECTION II (4-7 complete only the applicable changes)

- 4. New name of the limited liability company: Voya Institutional Plan Services, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

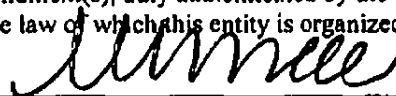
Future effective date 9/1/14

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

- 5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

- 6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

- 7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Melissa O'Donnell

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ING INSTITUTIONAL PLAN SERVICES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "~~VOYA INSTITUTIONAL PLAN SERVICES, LLC~~", THE FOURTH DAY OF AUGUST, A.D. 2014, AT 12:15 O'CLOCK P.M.

2014 AUG 19 4:11:22
FILED

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF SEPTEMBER, A.D. 2014.

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 DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



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141085450

You may verify this certificate online at corp.delaware.gov/authvar.shtml

Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 1630590

DATE: 08-19-14