

PO6971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

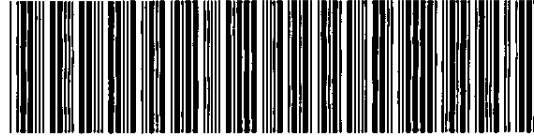
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF REVENUE
16 DEC 20 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


2016 DEC 20 A 10:54

FILED

DEC 20 2016

T. LEMLEY

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 422857 7206337
AUTHORIZATION : 
COST LIMIT : \$43.75

ORDER DATE : December 15, 2016
ORDER TIME : 9:58 AM
ORDER NO. : 422857-005
CUSTOMER NO: 7206337

FOREIGN FILINGS

NAME: NATIONWIDE INSURANCE COMPANY
OF AMERICA

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

JP06971

(Document number of corporation (if known))

1. Nationwide Insurance Company of America
(Name of corporation as it appears on the records of the Department of State)
2. Wisconsin (Incorporated under laws of) 3. 08/05/1985 (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

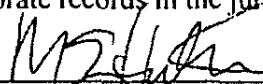
6. If the amendment changes the period of duration, indicate new period of duration.

_____ (New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Ohio
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Mark E. Hartman

(Typed or printed name of person signing)

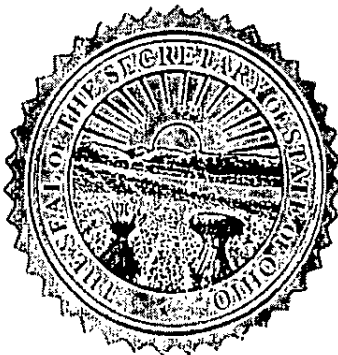
AVP & Asst. Secy

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ARTICLES OF INCORPORATION for NATIONWIDE INSURANCE COMPANY OF AMERICA, an Ohio Corporation, Charter No. 3933089, filed in this office on October 1, 2016. THE FOREGOING STATEMENT CONSTITUTES A COMPLETE LIST OF ALL CHARTER DOCUMENTS ON FILE WITH THIS OFFICE. Said business entity, NATIONWIDE INSURANCE COMPANY OF AMERICA, an Ohio For Profit Corporation, Charter No. 3933089, having its principal location in Columbus, County of Franklin, was filed on October 1, 2016, and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of December, A.D. 2016.

Jon Husted

Ohio Secretary of State