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(D.				
) (Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
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OS MAR -3 PHI2: 55

13/3/06



ON SERVICE O	0 M P A N Y'		
		ACCOUNT NO.	: 072100000032
		REFERENCE	: 167868A
		AUTHORIZATION	Spulleran
		COST LIMIT	: \$ 35.00
ORDER DA	ATE :	February 28, 200	<i>,</i> 6
ORDER T	IME :	11:39 AM	
ORDER NO	o. :	891439-030	
CUSTOME	R NO:	167868A	
1	NAME:	MECKLENBURG SI CORPORATION	ECURITIES
L:		TE PARTNERSHIP	
XXXX AMI	ENDMENT	7	
PLEASE F	RETURN	THE FOLLOWING AS	PROOF OF FILING:
<u>XX</u>	PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD STA	ANDING
CONTACT	PERSON	: Darlene Ward	EXT# 2935
		**************************************	**************************************

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.) SECRETARY OF 1: 49 PROFIT CORPORATION

SECTION I (1-3 MUST BE COMPLETED)

(Document number of corporation (if known)

F 03000005088

(Name of corporation as it appears on the records of the Department of State)			
2. North Carolina	3, 10/13/2003		
(Incorporated under laws of)	(Date authorized to do business in Florida)		
	ECTION II Y THE APPLICABLE CHANGES)		
I. If the amendment changes the name of the corporation	tion, when was the change effected under the laws of		
its jurisdiction of incorporation? February 17.	2004		
Wachovia Insurance Services Broker Dealer, Inc.			
(Name of corporation after the amendment, adding appropriate abbreviation, if not contained in new	suffix "corporation," "company," or "incorporated," or name of the corporation)		
(If new name is unavailable in Florida, enter alterna business in Florida)	ate corporate name adopted for the purpose of transacting		
5. If the amendment changes the period of duration, in	ndicate new period of duration.		
4)	lew duration)		
7. If the amendment changes the jurisdiction of incorp	poration, indicate new jurisdiction.		
	ew jurisdiction)		

Secretary

(Title of person signing)

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

(Typed or printed name of person signing)

Chrisanna B. Voight



State of North Carolina Department of The Secretary of State

CERTIFICATE OF NAME CHANGE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that on the 17th day of February, 2006, an Articles of Amendment Business Corporation duly executed by the proper officer to change the corporate name of the business corporation named below, were filed in this office:

Name at time of submission of Articles of Amendment:

MECKLENBURG SECURITIES CORPORATION

Name Change To

WACHOVIA INSURANCE SERVICES BROKER DEALER, INC.

I FURTHER CERTIFY that this certificate is in compliance with North Carolina General Statutes 55D-26 and may be recorded in the office of the Register of Deeds in the same manner as deeds, the former name of the corporation appearing in the "Grantor" index and the amended name of the corporation appearing in the "Grantee" index.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of March, 2006

Secretary of State

Claime I. Marshall.