**Entity Name**: BANK OF AMERICA CORPORATION

**Current Principal Place of Business**:  
100 N TRYON ST  
CHARLOTTE, NC 28255

**Current Mailing Address**:  
150 N COLLEGE ST  
NC1-028-17-06  
CHARLOTTE, NC 28255 US

**FEI Number**: 56-0906609  
**Certificate of Status Desired**: No

**Name and Address of Current Registered Agent**:  
C.T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE**:  

<table>
<thead>
<tr>
<th>Officer/Director Detail</th>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
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<tr>
<td>P/D</td>
<td>MOYNIHAN, BRIAN T</td>
<td>150 N COLLEGE ST; NC1-028-17-06</td>
<td>CHARLOTTE NC 28255</td>
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<tr>
<td>SEC</td>
<td>MOGENSEN, LAUREN A</td>
<td>150 N COLLEGE ST; NC1-028-17-06</td>
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<tr>
<td>SVP</td>
<td>PRITCHARD, JASON</td>
<td>150 N COLLEGE ST; NC1-028-17-06</td>
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<tr>
<td>CFO</td>
<td>THOMPSON, BRUCE R</td>
<td>150 N COLLEGE ST; NC1-028-17-06</td>
<td>CHARLOTTE NC 28255</td>
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</tbody>
</table>

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE**: JASON PRITCHARD  
**SVP**  
04/22/2014

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**OFFICE OF THE SECRETARY OF STATE**  
**FILING INFORMATION**  
**FILED**  
Apr 22, 2014  
Secretary of State  
CC2995699267