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:
__________________________________________  _______________________________
Electronic Signature of Registered Agent     Date

Officer/Director Detail:

<table>
<thead>
<tr>
<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>
<td>CHARLOTTE NC 28255</td>
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<td>SVP</td>
<td>PRITCHARD, JASON</td>
<td>150 N COLLEGE ST; NC1-028-17-06</td>
<td>CHARLOTTE NC 28255</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>
</tr>
</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   03/31/2016

Electronic Signature of Signing Officer/Director Detail  Date