

F04000004895

(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



000087097500

APPROVED
AND
FILED

07 FEB 22 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 FEB 22 AM 10:52

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

N.C.

C. Coultette FEB 22 2007



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 754035 5124206

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ ~~25.00~~ 35

ORDER DATE : February 9, 2007

ORDER TIME : 9:11 AM

ORDER NO. : 754035-060

CUSTOMER NO: 5124206

FOREIGN FILINGS

NAME: WASHINGTON MUTUAL INSURANCE
SERVICES, INC.

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT#

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)

F04000004895

(Document number of corporation (if known))

1. Washington Mutual Insurance Services, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. California

(Incorporated under laws of)

3. 08/24/2004

(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? Jan. 8, 2007

5. WaMu Insurance Services, Inc.

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

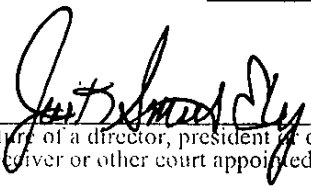
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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.

(New jurisdiction)


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

Jill K. Smith-Ely

(Typed or printed name of person signing)

FIRST Vice President

(Title of person signing)

APPROVED
AND
FILED
07 FEB 22 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF FILING

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **8th day of January, 2007**, there was filed in this office an amendment changing the corporation name from **WASHINGTON MUTUAL INSURANCE SERVICES, INC.**, a California corporation, to **WAMU INSURANCE SERVICES, INC.**

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
February 21, 2007.



Debra Bowen

DEBRA BOWEN
Secretary of State