

F04000004895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

N.C.

C. Coulette 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)

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

APPROVED
AND
FILED

**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**