

F05000004678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

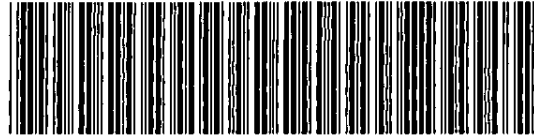
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800119100588

3/31/08

03/07/08--01008--007 **35.00

RECEIVED
08 MAR -7 AM 11:16
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2008 MAR -7 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00789, 00721, 00524, 00672 3/14/08



CT

a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

March 7, 2008

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 7169549 SO
Customer Reference 1: None Given
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

A I M INSURANCE AGENCY, INC. (DE)
New Name: Invesco A I M INSURANCE AGENCY, INC.
Evidence of Amendment
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy
Fulfillment Specialist
jennifer.murphy@wolterskluwer.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2008

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301

SUBJECT: A I M INSURANCE AGENCY INC. (DE)
Ref. Number: F05000004678

We have received your document for A I M INSURANCE AGENCY INC. (DE) and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please change the date on line #4 to Feb 22, 2008 so it will be the same date as listed on the certificate from Delaware.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 408A00015162

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

08 MAR 14 PM 3:01

RECEIVED

RE-SUBMIT
Please retain original filing
date of submission 3/17/08

3/31/08

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)

F05000004678

(Document number of corporation (if known))

FILED
2008 MAR -7 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. A I M Insurance Agency, Inc. (DE)

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

2. Delaware

(Incorporated under laws of)

3. August 11, 2005

(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? February 22, 2008 effective date in Florida Mar 31, 2008.

5. Invesco Aim Insurance Agency, 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)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

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

John M. Zerr

(Typed or printed name of person signing)

Director, Senior Vice President and Secretary
(Title of person signing)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "A I M INSURANCE AGENCY, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "INVESCO AIM INSURANCE AGENCY, INC.", THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2008, AT 4:30 O'CLOCK P.M.

2465358 8320

080289059

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6430202

DATE: 03-06-08