Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMNU/RESTATE/CORRECT OR O/D RESIGN INVESCO AIM INSURANCE AGENCY, INC.

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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|--|
| SUBJECT: Invesco Aim Insurance Agency, | Inc. une of Corporation |
| DOCUMENT NUMBER: F05000004678 | • |
| | ······································ |
| The enclosed Amendment and fee are su | |
| Please return all correspondence concern | - |
| FSSICA FLORES Name of Contact Person | |
| Name of Contact Person | |
| nuesco Aim | |
| Firm/Company | |
| _ LEKKENWAY Maza, St Address | re. 100 |
| Houston tx 1704 | <u> </u> |
| | com |
| E-mail address: (to be used for future a | nnual report notification) |
| For further information concerning this r | natter, please call: |
| JESSICA FUNCES Name of Contact Person | at (713) 214-1146 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following am | ount: |
| \$35,00 Filing Fee \$43,75 Filing Fe Certificate of S | |
| Mailing Address: Amendment Section | Street Address: Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 Tallahassec, FL 32314 | Clifton Building |
| 1 MIGHIGSSOC, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |

λ,

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 compla | ETED) | |
| | F05000004678 | For For | |
| | (Document number of corporation | on (if known) | |
| | | 7 | |
| | 1. Invesco Aim Insurance Agency, Inc. | | |
| | (Name of corporation as it appears on the records of the Department of State) | | |
| | Polous a | | |
| | 2. Delaware 3. (Incorporated under laws of) | 08/11/2005 (Date authorized to do business in Florida) | |
| | SECTION II | | |
| | (4-7 complete only the applic | CABLE CHANGES) | |
| | 4. If the amendment changes the name of the compretion, when we | ns the change offerted under the laws of | |
| | 4. If the amendment changes the name of the corporation, when was the change effected under the laws of | | |
| | its jurisdiction of incorporation? 04/30/2010 | | |
| : | 5. Invesco Insurance Agency, Inc. | | |
| | (Name of corporation after the amendment, adding suffix "corporation appropriate abbreviation, if not contained in new name of the c | oration," "company," or "incorporated," or corporation) | |
| | (If new name is unavailable in Florida, enter alternate corporate r business in Florida) | name adopted for the purpose of transacting | |
| (| 6. If the amendment changes the period of duration, indicate new p | eriod of duration. | |
| | (New duration) | | |
| • | 7. If the amendment changes the jurisdiction of incorporation, indicated | cate new jurisdiction. | |
| | (New jurisdiction) | | |
| 4. | 8. Attached is a certificate or document of similar import, evidence 90 days prior to delivery of the application to the Department of having custody of colporate records in the jurisdiction under the | ng the amendment, authenticated not more than State, by the Secretary of State or other official laws of which it is incorporated. | |
| SK' | (Signature of a director, president or other officer - if in the hands | | |
| | of a receiver or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing) | Senior Vice President Secretary (Title of person signing) | |
| | · · · · · · · · · · · · · · · · · · · | / 4 tan Ad handout Andress (A) | |

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "INVESCO AIM INSURANCE AGENCY, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "INVESCO INSURANCE AGENCY, INC.", THE SEVENTH DAY OF APRIL, A.D. 2010, AT 2:45 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTIETH DAY OF APRIL, A.D. 2010.

2465358 8320

100445857

λ,

AUTERNTY CATION: 7965406

DATE: 04-30-10

You may verify this certificate onlin at corp. delaware.gov/suthwer.shtml