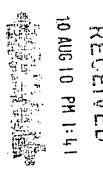
# FD6000003466

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	H <b>ETO</b> (
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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NVISION OF CORPORISE

N, C: C.COULLIETTE

AUG 1 0 2010

**EXAMINER** 



ON SERVICE COMPANY.			
ACCOUNT NO. : I2000000195			
REFERENCE : 72691 167868A			
AUTHORIZATION: Spelle mas			
COST LIMIT : \$ 35.00			
ORDER DATE : August 9, 2010			
ORDER TIME : 11:38 AM			
ORDER NO. : 472694-005			
CUSTOMER NO: 167868A			
FOREIGN FILINGS			
NAME: WACHOVIA INSURANCE AGENCY, INC.			
XX CORPORATE			
XXXX AMENDMENT			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
XX PLAIN STAMPED COPY			
CONTACT PERSON: Troy Todd EXT#2940			
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)

F06000003466		
(Document numb	er of corporation (if known)	
1. Wachovia Insurance Agency, Inc.		
(Name of corporation as it appear	rs on the records of the Department of State)	
2. Virginia	3.05/12/2006	
(Incorporated under laws of)	(Date authorized to do business in Florida)	
	*	뺖
ÇI.	ECTION II	_
	ECTION II Y THE APPLICABLE CHANGES)	AVISION OF CARRY
`		
4. If the amendment changes the name of the corporat	tion, when was the change effected under the laws of	- C
its jurisdiction of incorporation? 05/17/2010	<u> </u>	- 9
	r ·	( <u>1</u>
5. Wells Fargo Wealth Brokerage Insurance Ag	gency, Inc.	
(Name of corporation after the amendment, adding	suffix "corporation," "company," or "incorporated," name of the corporation)	or 4
appropriate abbreviation, it not contained in new i	manic of the corporation)	
	,	
(If new name is unavailable in Florida, enter alterna business in Florida)	ite corporate name adopted for the purpose of transact	ing
6. If the amendment changes the period of duration, in	ndicate new period of duration.	
(N	lew duration)	
7. If the amendment changes the jurisdiction of incorp	poration, indicate new jurisdiction.	
	·	
(No	ew jurisdiction)	
$\sim 1 \cdot 1$	•	
( huen Letman	<u></u>	
(Signature on a director president or other officer - if of a receiver or other court appointed fiduciary, by the	in the hands	
Karen Lehman	Director	
(Typed or printed name of person sig		

## Commonwealth of Hirginia



### State Corporation Commission

I Certify the Following from the Records of the Commission:

The name of WACHOVIA INSURANCE AGENCY, INC. was changed to Wells Fargo Wealth Brokerage Insurance Agency, Inc. pursuant to a certificate of amendment issued by the Commission effective as of May 17, 2010.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: August 6, 2010

Joel H. Peck, Clerk of the Commission