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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Diversified Retirement Corporation Name of Corporation

DOCUMENT NUMBER: F11000002375

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

daniel.ruiz@transamerica.com E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

at (Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount: \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) \$43.75 Filling Fee & Certified Copy (Additional copy is \$43.75 Filing Fee & Certificate of Status \$35.00 Filing Fee enclosed) Mailing Address: Street Address: Amendment Section Amendment Section **Division** of Corporations **Division** of Corporations P.O. Box 6327 **Clifton Building** Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

PLaz) - 05/07/2009 C T Filing Manager Online

EFFECTIVE DATE

I Future Effective Date: 1/1/2013

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.)

(Fursuant to \$, 607.1504, F.S.)

	SECTION I (I-3 MUST BE COMPLETED) F11000002375							
	ASA	2	No. of Lot of Lo					
		er of corporation (if known	~	SER	PH	1 1970) 1970)		
l	Diversified Retirement Corporation							
	(Name of corporation as it appears	s on the records of the De	partment of State)	ORID	<u>i:</u> 00	Q		
2.	Delaware	3	06/06/2011			_		
(Incorp	porated under laws of)	(Dato at	thorized to do business	in Florida)				
	SE (4-7 complete only	CTION II (THE APPLICABLE CH	IANGES)					
4. If the amendment char	nges the name of the corporat	ion, when was the cha	ange effected under t	he laws of	2			
its jurisdiction of inco	rporation? 01/01/2013		_					
5. Transamerica Retirement 1 (Name of corporation appropriate abbreviat	Solutions Corporation after the amendment, adding tion, if not contained in new r	suffix "corporation," name of the corporation	"company," or "inco on)	prporated,"	' or	_		
(If new name is unavai business in Florida)	lable in Florida, enter alterna	te corporate name ado	opted for the purpose	of transac	ting			
6. If the amendment char	nges the period of duration, in	idicate new period of	duration.					
	(N	ew duration)						
7. If the amendment char	nges the jurisdiction of incorp	oration, indicate new	jurisdiction.					
	(Net	w Jurisdiction)						
(Signature of a dire	te or document of similar imp bry of the application to the D porate records in the jurisdicti COM PLAN Botor, president of other officer - if her court appointed induciary, by th	in the hands	nendment, authentic. the Secretary of Sta which it is incorpora	ated not mote te or other ted.	ore the offici	IN Al		
	Alison Ryan		Acet Secretary					

(Typed or printed name of person signing)

Asst. Secretary (Title of person signing)

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PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DIVERSIFIED RETIREMENT CORFORATION", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "TRANSAMERICA RETIREMENT SOLUTIONS CORFORATION", THE FOURTEENTH DAY OF DECEMBER, A.D. 2012, AT 5:42 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2013.



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121390574 You may verify this cartificate coline at corp.deleware.gov/authver.shtml

AUTHENTY CATION: 0098685

DATE: 12-26-12

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