

F95000002435

CT CORPORATION SYSTEM

FILED
01 JAN 19 PM 3:22
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

HomePlus Insurance Agency, Inc. Changing Name to: Securian Financial

none
change
Amend

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
01 JAN 19 PM 1:36
DIVISION OF CORPORATION

Name 11/101
Availability 11/101
Document APR
Examiner APR
Updater APR
Verifier APR
W.P. Verifier APR

1/19/01

Order#: 3514174

Ref#: _____

Amount: \$ _____

500003555805--0
-01/19/01--01068--020
*****35.00 *****35.00

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

LMG

**APPLICATION BY FOREIGN CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN
FLORIDA**

FILED
JAN 19 PM 3:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

SECTION I (1-3 must be completed)

1. HomePlus Insurance Agency, Inc.

Name of corporation as it appears within the records of the Department of State.

2. Incorporated under laws of: Minnesota

3. Date authorized to do business in Florida: May 18, 1995

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?

January 10, 2001

5. Name of corporation after the amendment, adding suffix "corporation," "company," "incorporated," or appropriate abbreviation, if not contained in new name of the corporation:

Securian Financial Network, Inc.

6. If the amendment changes the period of duration, indicate new period of duration.

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

 Secretary

January 16, 2001

Signature
Name and Title

Date

State of Minnesota

SECRETARY OF STATE

Certificate of Name Change

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that the corporation listed below filed an amendment of its articles of incorporation, or, in the case of a non-Minnesota corporation, a certificate of name change, changing its name with this office on the date listed below, and that the corporation has complied with the relevant laws of Minnesota with respect to that filing.

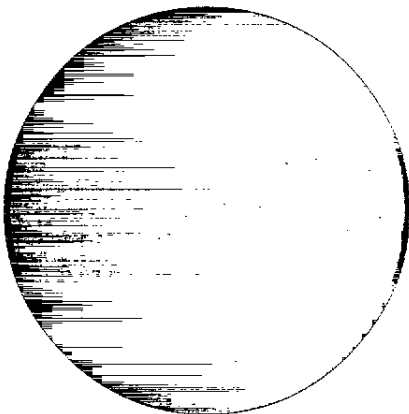
Old Name: HomePlus Insurance Agency, Inc.

New Name: Securian Financial Network, Inc.

State of Incorporation: MN

Date Amendment filed: 01/10/2001

This certificate has been issued on 01/18/01.



Mary Kiffmeyer
Secretary of State.