

F96 000000287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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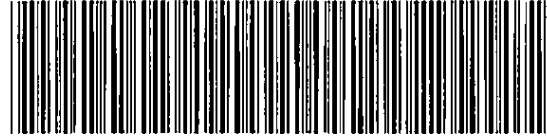
(Business Entity Name)

(Document Number)

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R. HUNT

01/10/24

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 01/10/2024

Acc#I20160000072

*W: C DW*

Name:	Deutsche Bank Insurance Agency Incorporated
Document #:	
Order #:	15313460 - 2

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	OFF STATE SSEE, FL JAN 10 PM 3:19 ED
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Ref# _____

Amount: \$ **43.75**

Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DEUTSCHE BANK INSURANCE AGENCY INCORPORATED

Name of Corporation

DOCUMENT NUMBER: F96000000287

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENEE BAKER

Name of Contact Person

DEUTSCH BANK

Firm/Company

1 COLUMBUS CIRCLE

Address

NEW YORK, NY 10019

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sebastian Aziz

at ( 212 )

250-9238

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**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)**

F96000000287

\_\_\_\_\_  
(Document number of corporation (if known))

1. DEUTSCHE BANK INSURANCE AGENCY INCORPORATED

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

2. MARYLAND

\_\_\_\_\_  
(Incorporated under laws of)

3. 01/16/1996

\_\_\_\_\_  
(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? \_\_\_\_\_

5. \_\_\_\_\_  
(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.

DELAWARE

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position*

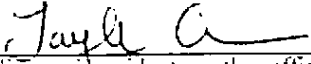
\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
ASSISTANT TREASURER <input checked="" type="checkbox"/>	STEPHEN KALAJIAN	1 COLUMBUS CIRCLE, NY, NY 10019	Add
			<input type="checkbox"/> Remove
ASST. SECRETARY <input checked="" type="checkbox"/>	CAROL SARACCO	1 COLUMBUS CIRCLE NY, NY 10019	Add
			<input checked="" type="checkbox"/> Remove
Secretary	Taylor Chapman-Kennedy	1 COLUMBUS CIRCLE NY, NY 10019	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Secretary	Jeanne Zelnick	1 COLUMBUS CIRCLE NY, NY 10019	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
President	Francesca Boschini	1 COLUMBUS CIRCLE NY, NY 10019	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. 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)

TAYLOR CHAPMAN-KENNEDY  
 (Typed or printed name of person signing)

SECRETARY  
 (Title of person signing)

FILING FEE \$35.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF A MARYLAND CORPORATION "DEUTSCHE BANK INSURANCE AGENCY INCORPORATED" TO A DELAWARE CORPORATION "DEUTSCHE BANK INSURANCE AGENCY INCORPORATED", WAS FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF JUNE, A.D. 2021, AT 9:25 O'CLOCK A.M.

2021 JUN 21 10 PM 3:19  
OFFICE OF STATE  
TREASURER, FL



  
Jeffrey W. Bullock, Secretary of State

6012473 8317F  
SR# 20240031444

Authentication: 202524074

Date: 01-04-24

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)