

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: 120000000195
Phone: (850)521-1000

Fax Number : (850)558-1575

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### COR AMND/RESTATE/CORRECT OR O/D RESIGN

PECEIVED
M9 JUN 17 AM 8: 00
SECRETARY OF STATE

WACHOVIA INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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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)

F9800000	<i>)</i> 3178
(Doc	ement number of corporation (if known)
1 Wachovia Insurance Services, Inc.	
· · · · · · · · · · · · · · · · · · ·	n as it appears on the records of the Department of State)
2. North Carolina	3.6-5-1998
(Incorporated under laws of)	(Date authorized to do business in Florida)
(4-7 COMP	SECTION II LETE ONLY THE APPLICABLE CHANGES)
4. If the amendment changes the name of th	ne corporation, when was the change effected under the laws of
its jurisdiction of incorporation?06/1	15/2009
5 Wells Fargo Insurance Services US. (Name of corporation after the amendment appropriate abbreviation, if not contained	nt, adding suffix "corporation," "company," or "incorporated," or
(If new name is unavailable in Florida, en business in Florida)	ter alternate corporate name adopted for the purpose of transacting
<ol> <li>If the amendment changes the period of c</li> </ol>	huration, indicate new period of duration.
	(New duration)
7. If the amendment changes the jurisdiction	of incorporation, indicate new jurisdiction.
	(New jurisdiction)
(Signature of a director, president or other	euol (aller - if in the hands
of a receiver or other court appointed fidu Deborah M. Bryderick	sciary, by that fiduciary) Secretary
(Typed or printed name of	f person signing) (Title of person signing)
•	~~>



# State of North Carolina Department of The Secretary of State

#### CERTIFICATE OF NAME CHANGE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that on the 12th day of June, 2009, an Articles of Amendment Business Corporation duly executed by the proper officer to change the corporate name of the business corporation named below, were filed in this office:

Name at time of submission of Articles of Amendment:

### WACHOVIA INSURANCE SERVICES, INC.

### Name Change To

### WELLS FARGO INSURANCE SERVICES USA, INC.

I FURTHER CERTIFY that this certificate is in compliance with North Carolina General Statutes 55D-26 and may be recorded in the office of the Register of Deeds in the same manner as deeds, the former name of the corporation appearing in the "Grantor" index and the amended name of the corporation appearing in the "Grantee" index.



Certification# 89430779-1 Reference# 9764960- Page: 1 of 1 Verify this certificate online at www.secretary.state.no.us/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of June, 2009

Claim I. Marshall.

Secretary of State