

**F980003178**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170003193223)))



H170003193223ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512) 418-6949  
Fax Number : (954) 208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
WELLS FARGO INSURANCE SERVICES USA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED  
17 DEC -6 PM 12:01  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

FILED  
2017 DEC -6 AM 11:22  
CLEARINGHOUSE

DEC 07 2017

*Wrg*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Wells Fargo Insurance Services USA, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F98000003178

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

jessica.stockel@usi.com

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

For further information concerning this matter, please call:

Curtis Hoffman  
Name of Contact Person

at ( 914 ) 749 8523  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &  
Certificate of Status



\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)



\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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)**

F98000003178

(Document number of corporation (if known))

1. Wells Fargo Insurance Services USA, Inc.

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

2. North Carolina

(Incorporated under laws of)

3. 10/01/2010

(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. USI Insurance Services National, Inc.

(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)

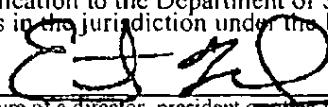
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

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

(New jurisdiction)

8. 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)

Ernest J. Newborn

(Typed or printed name of person signing)

Secretary

(Title of person signing)



# **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 1st day of December, 2017, an Articles of Amendment Business Corporation duly executed by the proper officer to change the corporate name of the business corporation named below, with an effective date of 12/1/2017, were filed in this office:

Name at time of submission of Articles of Amendment:

**WELLS FARGO INSURANCE SERVICES USA, INC.**

**Name Changed To**

**USI INSURANCE SERVICES NATIONAL, 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.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of December, 2017.

*Elaine F. Marshall*

**Secretary of State**