

CT CORPORATION SYSTEM

1000000000462

CORPORATION(S) NAME

Nationwide Exclusive Distribution Company LLC Changing Name to: Na

400007374334--2

-08/27/02--01040--010

*****25.00 *****25.00

<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		

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 AUG 27 PM 1:23

FILED

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/27/02

Order#: 5535633

100-462
JK

Ref#: _____

Amount: \$ _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 AUG 27 PM 2:14

RECEIVED

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

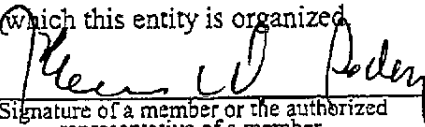
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Nationwide Exclusive Distribution Company, LLC
2. Jurisdiction of its organization: Ohio
3. Date authorized to do business in Florida: 02/29/2000

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: _____
Nationwide Insurance Sales Company, LLC
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized
representative of a member

Glenn W. Soden, Manager

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 AUG 27 PM 1:23

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/04/2002	200215500344	AMEND/ARTICLES- ORGANIZATION/DOM, LLC (LAM)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

NATIONWIDE MUTUAL INSURANCE
 ONE NATIONWIDE PLAZA 1-35-09
 COLUMBUS, OH 43215

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1119789

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

NATIONWIDE INSURANCE SALES COMPANY, LLC

and, that said business records show the filing and recording of:

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM, LLC

Document No(s):

200215500344



United States of America
 State of Ohio
 Office of the Secretary of State

Witness my hand and the seal of
 the Secretary of State at Columbus,
 Ohio this 3rd day of June, A.D.
 2002.

J. Kenneth Blackwell
 Ohio Secretary of State

FILED
 TALLAHASSEE, FLORIDA

02 AUG 27 PM 1:23