

Florida Department of State  
Division of Corporations  
Public Access System

## 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.

(((H08000216885 3)))



H080002168853ABC5

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)617-6383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5926

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## CITISTREET LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

J. BRYAN

SEP 18 2008

EXAMINER

Help

Electronic Filing Menu

Corporate Filing Menu

RECEIVED

08 SEP 17 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

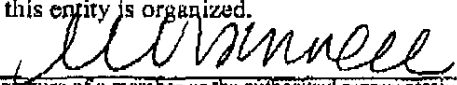
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**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: CitiStreet LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 10/04/2000

**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? 07/01/2008
5. New name of the limited liability company: ING Institutional Plan Services, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")  
  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.," or "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: NEW PRINCIPAL OFFICE WHEREVER LOCATED IS: One Orange Way, Windsor, CT 06095.
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

Melissa O'Donnell, Assistant Secretary of Lion Connecticut Holdings, Inc.  
Typed or printed name of signer its sole member

**Filing Fee: \$25.00**

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
08 SEP 17 AM 8:04

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CITISTREET LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ING INSTITUTIONAL PLAN SERVICES, LLC", THE FIRST DAY OF JULY, A.D. 2008, AT 2:02 O'CLOCK P.M.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP 17 AM 8:04

3205036 8320

080953835

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



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6852938

DATE: 09-16-08