

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 678-5926

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 SEP 16 AM 8:00

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## LIMITED LIABILITY AMENDMENT

## FLEET INSURANCE SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	84 <
Estimated Charge	\$25.00

*9/16/05  
Thank!  
Adrian*

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09/19/2005 09:47

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CT CORPORATION SYSTM

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9/19/2005 8:34

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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 19, 2005

FLEET INSURANCE SERVICES, LLC  
100 FEDERAL ST, MA DE 10119B  
BOSTON, MA 02110

SUBJECT: FLEET INSURANCE SERVICES, LLC  
REF: M0100000947

SECRETARY OF STATE  
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The new name must end with LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

FAX Aud. #: H05000221709  
Letter Number: 605A00057360

05 SEP 19 AM 9:40  
DIVISION OF CORPORATIONS

**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: Fleet Insurance Services, LLC
2. Jurisdiction of its organization: New Jersey
3. Date authorized to do business in Florida: 4/27/01

**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? 8/16/05
5. New name of the limited liability company: Bank of America Corporate Insurance Agency, 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.

C. Costamagna  
Signature of a member or the authorized representative of a member

Christine Costamagna  
Typed or printed name of signer

Filing Fee: \$25.00

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
CERTIFICATE OF NAME CHANGE

**BANC OF AMERICA CORPORATE INSURANCE AGENCY, LLC**

*I, the Treasurer of the State of New Jersey,  
do hereby certify, that on August 16th, 2005,  
a name change certificate was duly filed in this  
office, changing the business name from:*

**FLEET INSURANCE SERVICES, LLC**

*to:*

**BANC OF AMERICA CORPORATE INSURANCE  
AGENCY, LLC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 SEP 16 AM 8:00

IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
24th day of August, 2005



A cursive handwritten signature in black ink.

John E McCormac, CPA  
Treasurer

SEP 16 2005 11:06 FR BANK OF AMERICA

415 622 1180 TO 919252879002

P.02/03



OFFICE OF FINANCIAL REGULATION

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TALLAHASSEE, FLORIDA

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September 9, 2005

Ms. Christina Costamagna  
555 California Street  
San Francisco, California 94104

Re: Banc of America Corporate Insurance Services, LLC

Dear Ms. Costamagna:

Reference is made to your recent letter/fax requesting approval of the above-referenced name which will be a subsidiary of Bank of America, NA, located in Charlotte, North Carolina.

As Section 655.022, Florida Statutes, exempts a financial institution, holding company or its subsidiaries from the prohibition of using the word "bank," "banco," "banque," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in its corporate name, the Office will not object to the use of the above corporate name being registered to transact business as a foreign corporation in the state of Florida. This does not authorize the institution to engage in a banking business in the state of Florida. Proper regulatory approvals will be required.

Sincerely,

Linda B. Charity  
Director

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Secretary of State's Office

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DIVISION OF FINANCIAL INSTITUTIONS  
200 EAST GAINES STREET, TALLAHASSEE, FLORIDA 32399-0371  
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