M98000000215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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04 JUL 30 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY®

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04 JUL 30 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 827583 5021731

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 60.00

ORDER DATE : July 29, 2004

ORDER TIME : 4:18 PM

ORDER NO. : 827583-010

CUSTOMER NO: 5021731

CUSTOMER: Ms Mary S. Barnett
Womble, Carlyle Sandridge &
Suite 3500
1201 W. Peachtree Street
Atlanta, GA 30309

FOREIGN FILINGS

NAME: ASSETAMERICA INSURANCE AGENCIES, LLC

XX___ PROFIT XX___ CORPORATE

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: _____

FAX 558-1515

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, 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: AssetAmerica Insurance Agencies, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: March 5, 1998

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? 1-6-04
5. New name of the limited liability company: Trustway Insurance Agencies, 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.

G. Donald Johnson

Signature of a member or the authorized representative of a member

G. Donald Johnson, Attorney for AssetAmerica Insurance Agencies, LLC

Typed or printed name of signee

Filing Fee: $25.00

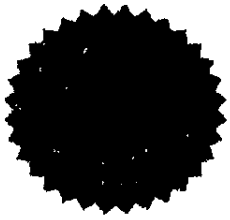
Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ASSETAMERICA INSURANCE AGENCIES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "TRUSTWAY INSURANCE AGENCIES, LLC", THE SIXTH DAY OF JANUARY, A.D. 2004, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

2849496 8320

040557431

AUTHENTICATION: 3265247

DATE: 07-29-04