P09895

. *				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





600255271896

01/21/14--01046--015 **25.00

02/12/14--01023--002 **10.00

FILED

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2A 13-14



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2014

ATTN: ELIZABETH DAWSON C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808

SUBJECT: NATIONWIDE RETIREMENT SOLUTIONS, INC.

Ref. Number: P09895

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to file your document is \$35.

There is a balance due of \$10.00. - Attributed

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) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 014A00001987



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson edawson@cscinfo.com

Date: January 17, 2014

Order#: 939765-160

Re: NATIONWIDE RETIREMENT SOLUTIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Elizabeth Dawson

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302 nge is submitted for a corporation organi r to change its registered office or register	zed under the laws of the State	of Delaware
1. The name of t	he corporation: NATIONWIDE RETI	REMENT SOLUTIONS, IN	NC.
2. The principal	office address: One Nationwide Plaz	a, Columbus, OH 43215	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/23/1986	Document number: P098	395
	street address of the current registered ag tment of State: (If resigned, enter resigned	 -	with the
	C T Corporation System		Em #
	1200 S. Pine Island Road		
	Plantation, FL 33324	.,	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		office P
	Corporation Service Company		<u> </u>
	1201 Hays Street		
P.O. Box NOT acceptable Tallahassee, FL 32301			
			<u> </u>
The street addre as changed will	ess of its registered office and the street a be identical.	ddress of the business office of	f its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by a field in writing of the change.	an officer so
()04		Dona Priebe, Vice Presid	lent
Signatu	e of an officer or director	Printed or typed name and	i title
I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and act is document is being filed merely to reflew that the corporation has been notified in Selvice Company	tes relative to the proper and c ecept the obligation of my posit ct a change in the registered o	ion as registered
By: Clarabe	a Van	01/14/2014	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Elizabeth A.	Dawson, Asst. Vice President		
Ty	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *