# P32866

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AS CHARGE

#### **CT** CORPORATION

June 2, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re:

Order #: 5852982 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Marriott Senior Living Insurance Services, Inc. (VA) New Name: Sunrise Senior Living Insurance Services, Inc. Evidence of Amendment

Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Brigham Weis

Brigham Weir Fulfillment Specialist

Brigham\_Weir@cch-lis.com

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

### PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

/x «	1544110 10 11. 007.120 1, 1 .0.)		
(1-	SECTTON I 3 MUST BE COMPLETED)	THE PERSON NAMED IN COLUMN TO PERSON NAMED I	S W -2
	P32866		3
(Docume	nt number of corporation (if know	vn)	
			6
Marriott Senior Living Insurance Services, Inc.			
**	it appears on the records of the De	epartment of State)	
` · ·		•	
2 Virginia	3, 2/19/1991	<del>-</del>	
(Incorporated under laws of)	(Date a	uthorized to do busines	s in Florida)
	CECTIÓN II	·	
(A-7 COMPLET	SECTION II E ONLY THE APPLICABLE CI	HANCES)	
(T-7 COMINE)	E ONUT THE ATTRICADES CI	izangus)	
A 10.5 1 / 1 / 1 O/		00 / 1 1	1
4. If the amendment changes the name of the co	<del>***</del>	ange effected under	the laws of
its jurisdiction of incorporation? 5-16-0	.3		••
	8		
5. Sunrise Senior Living Insurance Services, Inc.		<u></u>	<del></del>
(Name of corporation after the amendment, adding suf not contained in new name of the corporation)	lix "corporation," "company," or	"incorporated," or app	ropriate abbreviation, if
6. If the amendment changes the period of durat	tion indicate new period of	duration	
o. If the amendment changes the period of dura-	non, malcate new period of	duration.	
	51 /2		
	N/A (New duration)	<u> </u>	
	(New duration)		
7. If the amendment changes the jurisdiction of	incorporation, indicate new	jurisdiction.	
	N/A	, ৯ চৰ	
	(New jurisdiction)	<del></del>	
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Terpull		3/12/03	w*
(Signature of the chairman or vice chairman of president, or any officer, or if the corporation is	s in the hands of	(Date)	
a receiver, trustee, or other court-appointed fid			
fiduciary)		17' Y '1	
Augustine H. Kim	<u> </u>	Vice President	<u> </u>
(Typed or printed name)		(Title)	

## Common wealth of Hirginia



#### State Corporation Commission

I Certify the Following from the Records of the Commission:

The name of MARRIOTT SENIOR LIVING INSURANCE SERVICES, INC. was changed to Sunrise Senior Living Insurance Services, Inc. pursuant to a certificate of amendment issued by the Commission effective as of May 16, 2003.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: May 28,  $200\overline{3}$ 

Joel H. Peck, Clerk of the Commission