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 Trey Grayson, Secretary of State  
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**COMMONWEALTH OF KENTUCKY  
 TREY GRAYSON, SECRETARY OF STATE**


<b>Division of Corporations          Business Filings</b> PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	<b>Amended Certificate of Authority          (Foreign Limited Liability Company)</b>	<b>FLA</b>
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Pursuant to the provisions of KRS Chapter 275, the undersigned hereby applies for an amended certificate of authority to transact business in Kentucky on behalf of the limited liability company named below and, for that purpose, submits the following statements:

- The name of the limited liability company is Fidelity Employer Services Company LLC  
(Name of limited liability company or fictitious name adopted for use in Kentucky)
- The limited liability company is organized and existing under the laws of the state or country of Delaware
- The limited liability company received authority to transact business in Kentucky on 05/10/2005
- The limited liability company's name in its state or country of organization has been changed to Fidelity Workplace Services LLC
- The name of the limited liability company to be used in Kentucky is:  
(If real name is unavailable, use the fictitious name adopted for use in Kentucky.)
- The latest date on which the limited liability company is to dissolve has been changed to No Change
- The limited liability company's state or country of organization has been changed to No Change
- This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
(Delayed effective date and/or time)

I certify that, as of the date of filing this amended certificate of authority, the above-named limited liability company validly exists as a limited liability company under the laws of the jurisdiction of its formation.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

 Signature of Member, Manager or Authorized Party	Peter D. Stahl, Assistant Secretary Printed Name & Title	<u>3/23/10</u> Date
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