

CT CORPORATION

CORPORATION(S) NAME

**M0200000 00808**

lockline Credit Protection Services, LLC

600006563676  
-07/23/02--01008--014  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input checked="" type="checkbox"/> Amendment   | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUL 22 PM 1:41

APPROVED  
AND  
FILED

Name \_\_\_\_\_ 7/22/02 Order#: 5498936

Availability \_\_\_\_\_

Document \_\_\_\_\_

Examiner \_\_\_\_\_ Ref#: \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_ Amount: \$ \_\_\_\_\_

02 JUL 22 PM 4: 20  
RECEIVED  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

*Handwritten initials and number: 7-302*

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

Document Number: MOZ000000808

**SECTION I (1-3 must be completed)**

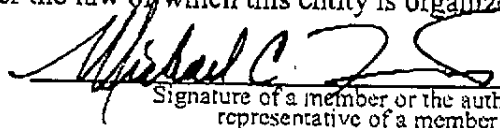
- 1. Name of limited liability company as it appears on the records of the Florida Department of State: lock\line Credit Protection Services, LLC
- 2. Jurisdiction of its organization: Kansas
- 3. Date authorized to do business in Florida: April 19, 2001

**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? \_\_\_\_\_
- 5. New name of the limited liability company: \_\_\_\_\_
- 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: No. 8 of the original application is being corrected to state the following:  
  - 8. The limited liability company is a manager-managed company.
- 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. N/A

02 JUL 22 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

  
Signature of a member or the authorized representative of a member

Michael C. Frost, Manager  
Typed or printed name of signee

Filing Fee: \$25.00