

M14000004668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

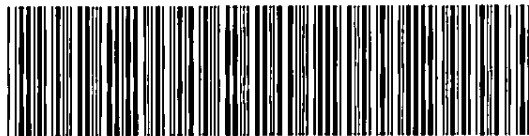
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800319006758

FILED
18 OCT -4 AM 4:50
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
18 OCT -4 PM 4:18

K SAIY

OCT -5 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 424716 7539224

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : October 4, 2018

ORDER TIME : 2:46 PM

ORDER NO. : 424716-030

CUSTOMER NO: 7539224

FOREIGN FILINGS

NAME: FIELD ASSET SERVICES, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Field Asset Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32314

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Field Asset Services, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000004668

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/01/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Xome Field Services LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FILED
18 OCT -4 AM 4:55
TALLAHASSEE, FLORIDA

FILED

18 OCT -4 AM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

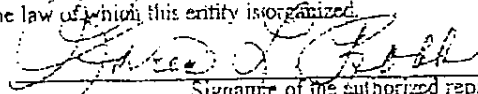
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Change in managers

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	John August Frobose	260 Interstate North Circle SE	<input type="checkbox"/> Add
		Atlanta, Georgia 30339	<input checked="" type="checkbox"/> Remove
Manager	Michael Campbell	2677 N Main Street, Suite 600	<input type="checkbox"/> Add
		Santa Ana, California 92705	<input checked="" type="checkbox"/> Remove
Manager	Anthony L. Ebers	8950 Cypress Waters Blvd	<input checked="" type="checkbox"/> Add
		Coppell, Texas 75019	<input type="checkbox"/> Remove
Manager	Jeffrey M. Neufeld	8950 Cypress Waters Blvd	<input checked="" type="checkbox"/> Add
		Coppell, Texas 75019	<input type="checkbox"/> Remove
Manager	Amar R. Patel	8950 Cypress Waters Blvd	<input checked="" type="checkbox"/> Add
		Coppell, Texas 75019	<input type="checkbox"/> Remove

9. Attached is a certificate, if required, 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.



Signature of the authorized representative

Karen L. Robb

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "XOME FIELD SERVICES LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:


CERTIFICATE OF FORMATION, FILED THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2011, AT 4:07 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "FIELD ASSET SERVICES, LLC" TO "XOME FIELD SERVICES LLC", FILED THE SECOND DAY OF OCTOBER, A.D. 2018, AT 2:14 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "XOME FIELD SERVICES LLC"

FILED
18 OCT -4 AM 4:54
STATE OF DELAWARE
TALAMON




Jeffrey W. Bullock, Secretary of State

5037536 8100H
SR# 20186990936

Authentication: 203551939
Date: 10-04-18

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:07 PM 09/13/2011
FILED 04:07 PM 09/13/2011
SRV 111002084 - 5037536 FILE

CERTIFICATE OF FORMATION
OF
LIMITED LIABILITY COMPANY

The undersigned, desiring to form a Delaware limited liability company pursuant to the Delaware Limited Liability Company Act, 6 Delaware Code, Chapter 18, does hereby certify as follows:

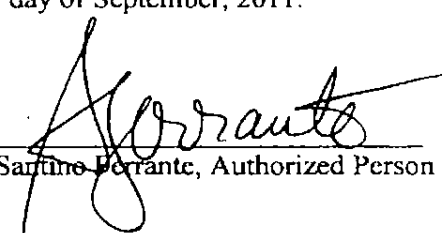
FIRST. The name of the limited liability company is:

FIELD ASSET SERVICES, LLC

SECOND. The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, County of New Castle, Delaware 19808. The name of its Registered Agent at such address is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of Limited Liability Company as of this 13th day of September, 2011.

By: _____


Santino Ferrante, Authorized Person

FILED
18 OCT -4 AM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:14 PM 10/02/2018
FILED 02:14 PM 10/02/2018
SR 20186941134 - File Number 5037536

FILED
18 OCT -4 AM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: _____
Field Asset Services, LLC

2. The Certificate of Formation of the limited liability company is hereby amended
as follows:

First: The name of the limited liability company is
Xome Field Services LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 2nd day of October, A.D. 2018.

By: 

Authorized Person(s)

Name: Karen L. Robb

Print or Type