

P11093

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
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From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SPRINGLEAF FINANCIAL SERVICES OF AMERICA, INC.

Certificate of Status	0
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OCT 04 2016  
T. LEMMON  
of

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Springleaf Financial Services of America, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P11093

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

terri.baer@onemainfinancial.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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.)**

**SECTION I  
 (1-3 MUST BE COMPLETED)**

P11093  
 (Document number of corporation (if known))

1. Springleaf Financial Services of America, Inc.  
 (Name of corporation as it appears on the records of the Department of State)
2. Delaware (Incorporated under laws of)      3. 08/12/1986  
 (Date authorized to do business in Florida)

**SECTION II  
 (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 10/01/2016

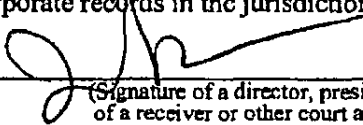
5. OneMain Financial of America, Inc.  
 (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.  
 \_\_\_\_\_  
 (New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
 \_\_\_\_\_  
 (New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
 \_\_\_\_\_  
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jamie Thompson  
 (Typed or printed name of person signing)

Assistant Secretary  
 (Title of person signing)

2016 OCT -3 A 11:00  
 DEPARTMENT OF STATE

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SPRINGLEAF FINANCIAL SERVICES OF AMERICA, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ONEMAIN FINANCIAL OF AMERICA, INC." ON THE FIRST DAY OF SEPTEMBER, A.D. 2016, AT 9:47 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF OCTOBER, A.D. 2016.



*Jeffrey W. Bullock*  
 \_\_\_\_\_  
 Jeffrey W. Bullock, Secretary of State

2095382 8320  
 SR# 20166031107

Authentication: 203094476  
 Date: 10-03-16

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)