

2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S75556

Entity Name: OCWEN FINANCIAL CORPORATION**Current Principal Place of Business:**1661 WORTHINGTON ROAD
SUITE 100
WEST PALM BEACH, FL 33409**Current Mailing Address:**P.O. BOX 24737
WEST PALM BEACH, FL 33416-4737 US**FEI Number:** 65-0039856**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|--------------------------------|
| Title | PRESIDENT, CEO, DIRECTOR |
| Name | FARIS, RONALD M. |
| Address | 1661 WORTHINGTON RD STE 100 |
| City-State-Zip: | WEST PALM BEACH FL 33409 |

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|-----------------|--|
| Title | EXECUTIVE VICE PRESIDENT, GENERAL COUNSEL, ASSISTANT SECRETARY |
| Name | HAYES, TIMOTHY M. |
| Address | 402 STRAND STREET |
| City-State-Zip: | FREDERIKSTED 00840 |

| | |
|-----------------|--------------------------|
| Title | SECRETARY |
| Name | STANTON, MICHAEL J. |
| Address | 1661 WORTHINGTON ROAD |
| City-State-Zip: | WEST PALM BEACH FL 33409 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD M. FARIS**PRESIDENT****05/19/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date