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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number: FCA00000023

Phone

: (850)205-8842

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
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| | | | | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN **GMAC RISK SERVICES, INC.**

| Certificate of Status | 0 |
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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|---|
| SUBJECT: GMAC Risk Services, Inc. Name of Co | rnoration |
| DOCUMENT NUMBER: 828127 | |
| The enclosed Amendment and fee are submitted | for filing |
| Please return all correspondence concerning this | |
| Domotria Mitchell Name of Contact Person | |
| Ally Francial In | <u>.</u> . |
| 100 Romais Conce | - Center |
| Detroit, MI 4921 City/State and Zip Code | 05 |
| karin.tejkl@ally.com E-mail address: (to be used for future annual rep | ort notification) |
| For further information concerning this matter, pl | · · · · · · · · · · · · · · · · · · · |
| Name of Contact Person at (| Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$35.00 Filling Fee \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (Additional copy is enclosed) |
| Amendment Section Ame Division of Corporations Divi P.O. Box 6327 Clift | et Address: ndinent Section sion of Corporations on Building Executive Center Circle |
| | hassee, 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)

| 828127 | |
|---|---|
| (Document numb | er of corporation (if known) |
| 1, GMAC Risk Services, Inc. | |
| (Name of corporation as it appear | rs on the records of the Department of State) |
| 2. Delaware (Incorporated under laws of) | 3. 06/09/1972 (Date authorized to do business in Florida) |
| 4-7 COMPLETE ONLY If the amendment changes the name of the corporate its jurisdiction of incorporation? [Ally Risk Services Inc.] (Name of corporation after the amendment, adding appropriate abbreviation, if not contained in new research. | suffix "corporation," "company," or "incorporated," or |
| . If the amendment changes the period of duration, in | dicate new period of duration. |
| (N | sw duration) |
| . If the amendment changes the jurisdiction of incorp | oration, indicate new jurisdiction. |
| • | v jurisdiction) |
| (Signature of addirector, pre | ort, evidencing the amendment, authenticated not more than partment of State, by the Secretary of State or other official on under the laws of which it is incorporated. Sident or other officer - if in the bands appointed fiduciary, by that fiduciary) |
| (Typed of printed name of person signing) | (Title of person signing) |
| | |



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GMAC RISK SERVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ALLY RISK SERVICES INC." ON THE FIRST DAY OF AUGUST, A.D. 2016, AT 9:41 O'CLOCK A.M.

415815 8320 SR# 20165229617

Authentication: 202776077

Date: 08-04-16

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