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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CERTEGY PAYMENT RECOVERY SERVICES, INC.

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EURELANY OF STATE
ALLAHASSEE, FLORIDA

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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 1	•		
· ·	(1-3 must be completed)			=
	F01000001469		THE E	
(Document)	ment number of corporation (if k	own)	272 。 第25 。 シ1 を し後	L 28
1 Certe	egy Payment Recovery Services,	ne	**************************************	-
	as it appears on the records of the			<u>-</u>
(2-1- a	(### T	ும்
Oi-	_	en (10 man)	<u> </u>	വ
2. Georgia (Incorporated under laws of)	3,	03/19/2001 authorized to do business in	Elacida)	<u> </u>
(monpolates allow laws or)	(24)	's action tract to the products to	i i volida)	
(4-7 COMPL	SECTION II ETE ONLY THE APPLICABLE	CHANGES)		
(* 1 2 2 2				
4. If the amendment changes the name of the	corporation, when was the	change effected under th	e laws of	
Its jurisdiction of incorporation? 07/04/2011				
5. Complete Payment Recovery Services, Inc.				
(Name of corporation after the amendment appropriate abbreviation, if not contained	t, adding suffix "corporation in new name of the corpora	"""company," or "incor ition)	porated,"	Or
(If new name is unavailable in Florida, ente business in Florida)	er alternate corporate name :	dopted for the purpose of	of transact	ing
6. If the amendment changes the period of du	ration, indicate new period	of duration.		
·	(New duration)			
7. If the amendment changes the jurisdiction	of incorporation, indicate m	w jurisdiction.		
·	(New jurisdiction)			
 Attached is a certificate or document of sin 90 days prior to delivery of the application having custody of corporate records in the 	` • •	amendment, authenticately the Secretary of State which it is incorporate	ed not more or other o	e than official
Zymn (rave)				
(Signature of a director, president or other of a receiver or other court appointed figure	Micer - if in the hands dury, by that fiduciary)			
Lynn Cravey		Vice President	_	
(Typed or printed name of person signi	ng)	(Title of person signing)	-	

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

C T CORPORATION SYSTEM RUDENE REMBERT 1201 PEACHTREE ST NE ATLANTA, GA. 30361 DOCKET NUMBER
PRINT LATE
FORM NUMBER

: 110719300 : 07/19/2011

: 218

CERTIFICATE OF FACT

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Effective July 07, 2011, CERTEGY PAYMENT RECOVERY SERVICES, INC., a Georgia Profit Corporation (Surviving Entity) filed articles or a certificate of merger merging CHEXSYSTEMS COLLECTION AGENCY, INC., a Minnesota Profit Corporation (NonSurviving Entity) into: CERTEGY PAYMENT RECOVERY SERVICES, INC., a Georgia Profit Corporation (Surviving Entity) changing its name to COMPLETE PAYMENT RECOVERY SERVICES, INC., a Georgia Profit Corporation

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated within.

1776

Brian P. Kemp Secretary of State