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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: Viking Collection Service, Inc.

Name of Corporation

DOCUMENT NUMBER: F02000003965

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JudÿyJackson

Name of Contact Person

Viking Client Services, Inc.

Firm/Company

7500 Office Ridge Circle, #100 Address

Eden Prairie, MN 55344 City/State and Zip Code

szimmerman@vikingservice.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Judy
 Jackson
 at (952)
 944-7575

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status



\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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)

F02000003965

(Document number of corporation (if known)

I._____Viking Collection Service, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Minnesota

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(Incorporated under laws of)

8/2/2002

(Date authorized to do business in Florida)

N

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? January 4, 2012
- 5. VikinghClient Services, 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.

na

na

(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)

Cory Kloeckner

(Typed or printed name of person signing)

CEO

(Title of person signing)



To All C. Whom These Presents Shall Come, Greeting:

Whereas, Articles of Incorporation, duly signed and acknowledged under oath, have been filed for record in the office of the Secretary of State, on the <u>---22nd---</u> day of <u>August</u>, A. D. 19 73 for the incorporation of

Viking Collection Service, Inc.

under and in accordance with the provisions of the Minnesota Business Corporation Act, Minnesota Statutes, Chapter 301;

Now, Chretefore, I, Arlen I. Erdahl, Secretary of State of the State of Minnesota, by virtue of the powers and duties vested in me, by law, do hereby certify that the said

Viking Collection Service, Inc.

is a legally organized Corporation under the laws of this State.

Witness my official signature hereunto subscribed and the Great Seal of the State of Minnesota hereunto affixed this <u>--twenty-second-</u> day of <u>August</u> in the year of our Lord

one thousand nine hundred and seventy-three

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311-1112

> State of Minnesota Office of the Secretary of State Notice of Change of Registered Office — Registered Agent or Both

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by

Heme of Cerporstian Viking Collection Service, Inc.

Pursuant to Minnesole Statutes, Section 302A.123, 303.10, 317.19, 317A.123 or 308A 025 the undersigned hereby certifies that the Board of Directors of the above named Corporation has resolved to change the corporation's registered office and/or agent to:

Agent's Name	N you do not with to designate an agent, you must list "NONE" In this box DD NOT LIST THE CORPORATE HAME					
Address (No. & SirLei)						
	City	County	1	24		
	Eden Prairie	Hennepin	(MN	55344		
Mristi Adul II	(il different then address above - F.U. tice is acceptable) P.O. Box 59207			· · · · · · · · · · · · · · · · · · ·		
	City	County		Zip		
	Minneapolia	Hennepin	MN	55459		

The new eddress may not be a post office box. It must be a street eddress, pursuant to Minnesota Statutes, Section 3024.011, Subd. 3, 303.02, Subd. 5, 317.02 Subd. 13, 317A.01 Subd. 2,

This change is effective on the day it is illed with the Secretary of State, unless you indicate another date, no later than 30 days after filling with the Secretary of State. In this box:

I certify that I am authorized to exocute this certificate and I further certify that I understand that by signing this certificate I am subject to the panalities of perjury as set forth in section 509.48 as II I had signed this certificate under ceth.

Name of Officer or Other Authorized Agent of Cerperation	Signature	
Please Frint Gene Kloeckner		
Trip or Office	Daia	
President	January 3, 1990	

Do not write below this line. For Secretary of State's use only.

Receipt Number*		File DAILCOTA' DAR.		
	391594	STATE OF ANTRESTATE		
Filing Fee	\$35.00	JAND & 1990		
Return to:	Business Servicus Division Office of the Secretary of State	for anderen some		
	180 State Office Building St. Paul, MN 88155 (61.2) 296-2803	Boscovary, st State.		
Make check	s payable to: Socretary of State			

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		Please	read the instruction	s on the back before completin	ng this form.	
•	Entity Name:					ι.
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		ACCION 3	BIVICE, INC.			—
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	7500 Office	Ridae C	ircle Suite	100 Eden Prairie	MN	55344
		Street		Cny	State	Zip Code
	compliance with Minne	sola Statutes	, Section 302A.123	t "NONE" in this box. DO NOT , 309.10, 308A.025, 317A.123 lice and/or agent as listed abo	lor 3228.1351 ce	
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Office of the Minnesota Secretary of State

Minnesota Business & Nonprofit Corporations

Amendment to Articles of Incorporation

Minnesota Statutes, Chapter 302A or 317A

Read the instructions before completing this form. Filing Fee: \$35.00 per form

1. Corporate Name: (Required) Viking Collection Service, Inc.

List the name of the company prior to any desired name change

2. This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

Format: (mm/dd/yyyy)

3. The following amendment(s) to articles regulating the above corporation were adopted: (insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional pages.

1

ARTICLE

The name of this corporation shall be Viking Client Services, Inc.

4. This amendment has been approved pursuant to Minnesota Statutes, Chapter 302A or 317A.

5. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature of Authorized Person or Authorized Agent

Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

jjackson@vikingservice.com

Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Judy Jackson	952-944-7575, ext. 1006

Contact Name

- ----

Phone Number

12/27/2011

Date

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the Department of Agriculture.

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed? Yes No 🗵



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STATE OF MINNESOTA DEPARTMENT OF STATE I hereby certify that this is a true and complete copy of the document as filed for record in this office. 1-12DATED_ Nork Kitchie Secretary of State By