F0400000 7150

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Dusiness Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2015

CSC / COURTNEY WILLIAMS

RESUBMIT

Please give original submission date as file date.

SUBJECT: WEST ASSET MANAGEMENT, INC.

Ref. Number: F04000007150

We have received your document for WEST ASSET MANAGEMENT, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000035421.

Your certificate is not accurate, Delaware made a mistake on filing out their certificate.

P15000035421

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 615A00022562

CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

4-1-6

| | ACCOUNT NO. | : | 1200000 | 00195 | | |
|-----------------|---|---------------|----------|---------|--|--|
| | REFERENCE | : | 798700 | 7122903 | | |
| | AUTHORIZATION | : (| Lovelle | Lenan | | |
| | COST LIMIT | : | \$ 43.75 | | | |
| ORDER DATE : | September 25, 20 | 15 | | | | |
| ORDER TIME : | 12:37 PM | | | | | |
| ORDER NO. : | 798700-260 | | | | | |
| CUSTOMER NO: | 7122903 | | | | | |
| | | | | | | |
| FOREIGN FILINGS | | | | | | |
| NAME: | WEST ASSET MA | NAG! | EMENT, I | NC. | | |
| | E PARTNERSHIP LIABILITY COMPAN | Y | | | | |
| XXXX AMENDMENT | | | | | | |
| PLEASE RETURN | THE FOLLOWING AS | PRO | OOF OF F | ILING: | | |
| | IED COPY STAMPED COPY ICATE OF GOOD STA | a n d: | ING | | | |

EXAMINER:

CONTACT PERSON: Courtney Williams -- EXT# 62935

COVER LETTER

| 10: | Amendment Section Division of Corporations | | |
|--------------------------|--|--|--|
| SUBJ | ECT: | | |
| | Name | of Corporation | |
| DOC | UMENT NUMBER: F000007150 | | |
| The en | nclosed Amendment and fee are submi | itted for filing. | |
| Please | return all correspondence concerning | this matter to the following: | |
| Sandy | Gilliam | | |
| | Name of Contact Person | | |
| West A | Asset Management, Inc. | | |
| | Firm/Company | | |
| 5 Park | Plaza, 11th Floor | | |
| | Address | | |
| Irvine, | CA 92614 | | |
| | City/State and Zip Code | | |
| | | | |
| E | -mail address: (to be used for future annu | al report notification) | |
| For fu | orther information concerning this matt | ter, please call: | ~ |
| Sandy | Gilliam | 949 527-4608 | |
| | Name of Contact Person | at () 527-4608 Area Code & Daytime Teleph | one Number |
| Enclo | sed is a check for the following amour | nt: | |
| | \$35.00 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| Amen Divisi P.O. I | ng Address: Idment Section Idmon of Corporations Box 6327 Dassee, 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)

| F04000007150 | | Q |
|--|---|--|
| (Document number of corporation (if known) | | 15 OCT 23 |
| WEST ASSET MANAGEMENT, INC. | | 3 第 |
| | ars on the records of the Department of State) | Florida) 08 |
| | | 基 ? |
| 2. DELAWARE | 3. 12/20/2004 (Date authorized to do business in | ُ م |
| (Incorporated under laws of) | (Date authorized to do business in | 1 Florida) |
| C | ECTION II | |
| (4-7 complete onl | LY THE APPLICABLE CHANGES) | |
| 4. If the amendment changes the name of the corpora | ition, when was the change effected under th | e laws of |
| its jurisdiction of incorporation? 12/1/2015 | | |
| • | ······ | |
| GLOBAL RECEIVABLES SOLUTIONS, INC. (Name of corporation after the amendment, adding | | |
| (If new name is unavailable in Florida, enter alternations in Florida) | • | of transacting |
| 5. If the amendment changes the period of duration, i | indicate new period of duration. | |
| | New duration) | |
| 7. If the amendment changes the jurisdiction of incor | poration, indicate new jurisdiction. | |
| (N | ew jurisdiction) | |
| 8. Attached is a certificate or document of similar im 90 days prior to delivery of the application to the L having custody of corporate records in the jurisdic | port, evidencing the amendment, authenticat Department of State, by the Secretary of State tion under the laws of which it is incorporate | ed not more than or other official ed. |
| | | |
| (Signature of a director, p of a receiver or other cou | oresident or other officer - if in the hands art appointed fiduciary, by that fiduciary) | |
| JAMES MOLLOY | CFO | |
| (Typed or printed name of person signing) | (Title of person signing) | |

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WEST ASSET
MANAGEMENT, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING
ITS NAME TO "GLOBAL RECEIVABLES SOLUTIONS, INC." ON THE
SEVENTEENTH DAY OF SEPTEMBER, A.D. 2015, AT 9:53 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 DECEMber, A.D. 2015 AT 12:01 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

Authentication: 10190110

Date: 10-06-15