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Account Name

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OCT 05 2016

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SPRINGLEAF MORTGAGE SERVICES, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations	•
SUBJ	ECT: Springleaf Mortgage Services, Inc.	
	Name	of Corporation
DOC	UMENT NUMBER: F12000002449	
The e	nclosed Amendment and fee are subm	itted for filing.
Please	e return all correspondence concerning	this matter to the following:
<u>.</u>	Name of Contact Person	<u>.</u>
	Firm/Company	
	Address	·
	City/State and Zip Code	
	er@onemainfinancial.com -mail address: (to be used for future annu	nal report notification)
For fu	orther information concerning this matter	ter, please call:
	Name of Contact Person	at (
Enclo	sed is a check for the following amou	at:
	\$35.00 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (Additional copy is enclosed)
Amen Divisi P.O. I	ng Address: dment Section on of Corporations 30x 6327 hassee, 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)

F12000002449 (Document number	er of corporation (if known)
(Dobanos samo	a or corporation (it known)
Springleaf Mortgage Services, Inc.	
	s on the records of the Department of State)
·	
Delaware	3,06/12/2012
(Incorporated under laws of)	(Date authorized to do business in Florida)
•	
SE	CTION II
	THE APPLICABLE CHANGES)
. If the amendment changes the name of the corporati	on, when was the change effected under the laws of
its jurisdiction of incorporation? 10/01/2016	
, OneMain Mortgage Services, Inc.	
(Name of corporation after the amendment, adding s	suffix "corporation," "company," or "incorporated," or
appropriate abbreviation, if not contained in new n	ame of the corporation) $rac{1}{2} \propto rac{1}{2}$
(If new name is unavailable in Florida, enter alternat	e corporate name adopted for the purpose of transacting
business in Florida)	్లోస్ట్ ఉ
. If the amendment changes the period of duration, in	dicate new period of duration.
the title attributation changes the period of duration, the	The state of the s
(Ni	ew duration)
. If the amendment changes the jurisdiction of incorp	oration, indicate new jurisdiction.
(Nev	w jurisdiction)
3. Attached is a certificate or document of similar imp	ort, evidencing the amendment, authenticated not more than
having custody of corporate records in the jurisdicti	epartment of State, by the Secretary of State or other official on under the laws of which it is incorporated.
(Signature of a director, pre	esident or other officer - if in the hands
of a receiver or other court	appointed fiduciary, by that fiduciary)
Jamie Thompson	Asst. Secretary (Title of person signing)
(Typed or printed name of person signing)	(true or berson 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 "SPRINGLEAF MORTGAGE
SERVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "ONEMAIN MORTGAGE SERVICES, INC." ON THE FIRST DAY OF
SEPTEMBER, A.D. 2016, AT 9:55 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 OCTOBER, A.D. 2016.



Authentication: 203094812

Date: 10-03-16

5164048 8320 SR# 20166031970

You may verify this certificate online at corp.delaware.gov/authver.shtml