

F93000005911

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H11000061569 3)))



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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please check on this filing previously submitted on 3/8

RE-SUBMIT

**Enter the email address for this business for annual report mailings. Enter only one email address please.

Email Address: _____

Please retain original filing date of submission

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AMERICAN GENERAL FINANCIAL SERVICES OF LOUISIANA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR -8 AM 11:57

FILED

NZ



March 10, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations
AMERICAN GENERAL FINANCIAL SERVICES OF LOUISIANA, INC.
601 NW SECOND ST.
EVANSVILLE, IN 47708

SUBJECT: AMERICAN GENERAL FINANCIAL SERVICES OF LOUISIANA, INC.
REF: F93000005911

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The certificate must state that AMERICAN GENERAL FINANCIAL SERVICES OF LOUISIANA, INC. CHANGED ITS NAME TO SPRINGLEAF FINANCIAL SERVICES OF LOUISIANA, INC. ON THE DATE THE NAME WAS ACTUALLY CHANGED.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H11000061569
Letter Number: 611A00005885

RECEIVED
11 MAR 11 AM 8:00
SECRETARIAL FLORIDA
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American General Financial Services of Louisiana, Inc.
Name of Corporation

DOCUMENT NUMBER: P93000005911

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

Linda.Jones@slfs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☐

\$43.75 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)

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)

F93000005911

(Document number of corporation (if known))

1. American General Financial Services of Louisiana, Inc.
(Name of corporation as it appears on the records of the Department of State)

2. Louisiana
(Incorporated under laws of)

3. 12/28/1993
(Date authorized to do business in Florida)

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? 2/18/2011

5. Springleaf Financial Services of Louisiana, 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.

(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)

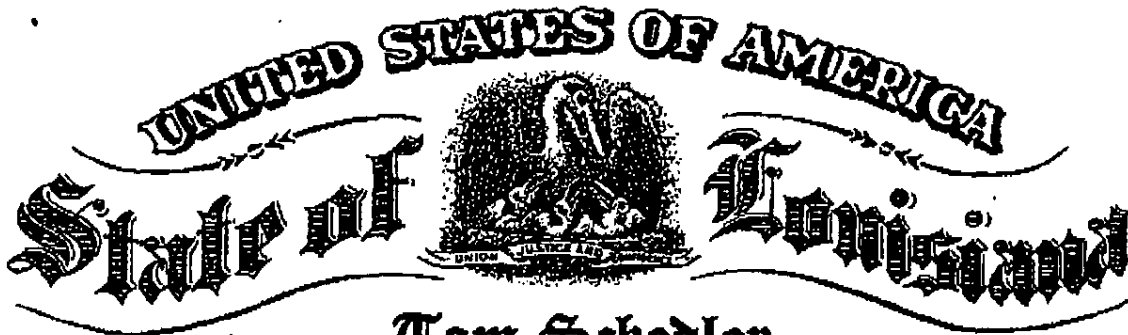
Jack R. Erkill

(Typed or printed name of person signing)

Senior Vice President

(Title of person signing)

FILED
11 MAR - 8 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

a copy of an Amendment to the Articles of Incorporation of

AMERICAN GENERAL FINANCIAL SERVICES OF LOUISIANA, INC.

Domiciled at BATON ROUGE, LOUISIANA, changing the corporate name to

SPRINGLEAF FINANCIAL SERVICES OF LOUISIANA, INC.

Was filed and recorded in this Office on February 18, 2011.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 21, 2011

Secretary of State

KGP 24801200D



Certificate ID: 10142413#SWA42

To validate this certificate, visit the following web site,
go to **Commercial Division, Certificate Validation**,
then follow the instructions displayed.
www.sos.louisiana.gov