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To:	Division of Corporations Fax Number : (850)617-6380		2016 OCT -
From:	Account Name : C T CORPORATION Account Number : FCA000000023 Phone : (850)205-8842	SYSTEM	3 A A
	Fax Number : (850)878-5368		8: 59
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J.M.A.	11 Address:		
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SPR	INGLEAF FINANCIAL SERVICE	S OF DELAWARI	E, INC.
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Springleaf Financial Services, Inc.	
	Name	of Corporation
DOC	UMENT NUMBER: F94000003044	
The e	nclosed Amendment and fee are submi	tted for filing.
Please	e return all correspondence concerning	this matter to the following:
	Name of Contact Person	
	Firm/Company	
	Address	·
	City/State and Zip Code	
terri.b	aer@onemainfinancial.com	
I	E-mail address: (to be used for future annu	al report notification)
For fi	urther information concerning this matt	er, please call:
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amour	at:
	\$35.00 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Amer Divis P.O.	ing Address; indment Section ion of Corporations Box 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)
F94000003044	70.50
(Document number	of corporation (if known)
1 Springleaf Financial Services, Inc.	
(Name of corporation as it appears	on the records of the Department of State)
	and the same of th
2. Delaware (Incorporated under laws of)	3. 05/10/1994 (Date authorized to do business in Florida)
(incorporated under taws of)	(Date authorized to do dusiness in Piorida)
	TTION II THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporation	n, when was the change effected under the laws of
its jurisdiction of incorporation? 10/01/2016	
Contain Binardial Comings Inc	
5. OneMain Financial Services, Inc. (Name of corporation after the amendment, adding su	uffix "corporation," "company," or "incorporated," or
appropriate abbreviation, if not contained in new na	me of the corporation)
·	
(If new name is unavailable in Florida, enter alternate business in Florida)	corporate name adopted for the purpose of transacting
6. If the amendment changes the period of duration, ind	ícate new period of duration.
(Nex	w duration)
7. If the amendment changes the jurisdiction of incorpo	ration, indicate new jurisdiction.
(New	Jurisdiction)
8. Attached is a certificate or document of similar impo 90 days prior to delivery of the application to the Der having custody of corporate records in the jurisdiction	rt, evidencing the amendment, authenticated not more than partment of State, by the Secretary of State or other official nunder the laws of which it is incorporated.
(Signature of a director, pres of a receiver or other court a	ident or other officer - if in the hands appointed fiduciary, by that fiduciary)
Jamie Thompson	Asst. Secretary
(Typed or printed name of person signing)	(Title of person signing)

To: Page 6 of 6

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 FINANCIAL SERVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ONEMAIN FINANCIAL SERVICES, INC." ON THE FIRST DAY OF SEPTEMBER, A.D. 2016, AT 9:48 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.



2095381 8320 SR# 20166031108 Authentication: 203094548

Date: 10-03-16

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