Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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Enter 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 FINANCIAL SERVICES OF INDIANA, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section

COVER LETTER

Division of Corporations	
SUBJECT: Springleaf Financial Services of India	na, Inc.
Name	of Corporation
DOCUMENT NUMBER: F95000004050	
The enclosed Amendment and fee are submit	itted for filing.
Please return all correspondence concerning	this matter to the following:
Name of Contact Person	<u> </u>
Firm/Company	
Address	<u> </u>
City/State and Zip Code	
terri.baer@onemainfinancial.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matt	•
Name of Contact Person	at (
Enclosed is a check for the following amoun	
\$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	Street Address:
Amendment Section Division of Compositions	Amendment Section
THE STATE OF THE CONTRACTORS	LINGSON ALL APPARATIONS

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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)

	كم بنتية المنافقة الم
F95000004050	
(Document number	of corporation (if known)
Springleaf Financial Services of Indiana, Inc.	of corporation (if known)
^ •	on the records of the Department of State)
(Mainto of Corporation as it appears t	on the records of the Department of State)
2. Indiana (Incorporated under laws of)	(Date authorized to do business in Florida)
(Incorporated ander taws or)	(Date authorized to do business in Florida)
•	
	CTION II
(4-7 COMPLETE ONLY	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	
in juinted of more permitter.	//
5. OneMain Financial of Indiana, Inc.	
(Name of corporation after the amendment, adding su	iffix "corporation," "company," or "incorporated," or
appropriate abbreviation, if not contained in new na	me of the corporation)
Of navy name is unaveilable in Florida actor alternate	
business in Florida)	corporate name adopted for the purpose of transacting
,	
6 If the amondment showers the model of demotion in the	
6. If the amendment changes the period of duration, indi	icate new period of duration.
(New	v duration)
7. If the amendment changes the jurisdiction of incorpor	ration, indicate new jurisdiction.
	·
(New)	jurisdiction)
· · · · · ·	•
90 days prior to delivery of the application to the Dep	rt, evidencing the amendment, authenticated not more than artment of State, by the Secretary of State or other official a under the laws of which it is incorporated.
having custody of corporate records in the jurisdiction	n under the laws of which it is incorporated.
	-
(Signature of a director preci	dent or other officer - if in the hands
of a receiver or other court a	ppointed fiduciary, by that fiduciary)
Jamie Thompson	Asst. Secretary
(Typed or printed name of person signing)	(Title of person signing)

State of Indiana Office of the Secretary of State

Certificate of Fact

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana; to hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

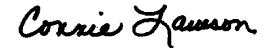
I further certify that records of this office disclose that

ONEMAIN FINANCIAL OF INDIANA, INC

filed Articles of Amendment on September 2, 2016 with the effective date of October 1, 2016, changing their name from Springleaf Financial Services of Indiana, Inc. to OneMain Financial of Indiana, Inc.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 04, 2016



Connie Lawson SECRETARY OF STATE

194108-098 / 2016119362

Verify this certificate: https://bsd.sos.in.gov/ValidateCertificate