

F95000004050
2016-10-04 10:36:01 CST
9542080845 From: Rana, McGraw
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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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16 OCT -4 PM 1:31
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Springleaf Financial Services of Indiana, Inc.
Name of Corporation

DOCUMENT NUMBER: F95000004050

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

terri.baer@onemainfinancial.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 &
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\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
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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)

F95000004050

(Document number of corporation (if known))

1. Springleaf Financial Services of Indiana, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Indiana

(Incorporated under laws of)

3. 08/22/1995

(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? 10/01/2016

5. OneMain Financial of Indiana, 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)

Jamie Thompson

(Typed or printed name of person signing)

Asst. Secretary

(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, do 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

Connie Lawson
SECRETARY OF STATE

194108-098 / 2016119362

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