

M080000003702

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000241064 3)))



H090002410643ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

NOV 16 2009

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 378-5368

EXAMINER

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

Email Address: _____

H090002410643ABC

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARRINGTON RECOVERY SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

09 NOV 13 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
09 NOV 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carrington Recovery Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arash Mostafavipour

Name of Person

Carrington Recovery Services, LLC

Firm/Company

1610 E. Saint Andrew Place, Suite B-150R

Address

Santa Ana, CA 92705

City/State and Zip Code

agnes.mendoza@carringtonmb.com

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

For further information concerning this matter, please call:

Melissa Duran

Name of Person

at (213)

337-4607

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Carrington Recovery Services, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: August 8, 2008

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? November 9, 2009
5. New name of the limited liability company: Compass Resolution Services, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.," or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

Arash Mostafavipour, Authorized Representative

Typed or printed name of signer

Filing Fee: \$25.00

FILED
09 NOV 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CARRINGTON RECOVERY SERVICES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "COMPASS RESOLUTION SERVICES, LLC", THE NINTH DAY OF NOVEMBER, A.D. 2009, AT 12:17 O'CLOCK P.M.



4582853 8320

091014602

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7638636

DATE: 11-12-09