

M14000001183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

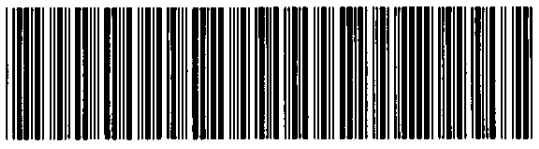
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CWO W16-65091

Office Use Only



100290382201

09/20/16---01013---014 **25.00

RECEIVED
DEPARTMENT OF STATE
16 SEP 20 AM 11:57

FILED
2016 SEP 20 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
SEP 23 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2016

CT CORPORATION SYSTEM

SUBJECT: SERVICELINK DEFAULT SOLUTIONS, LLC
Ref. Number: M14000001183

We have received your document for SERVICELINK DEFAULT SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 016A00020217

RE-SUBMIT

Please retain original filing
date of submission 9/20

RECEIVED
DEPARTMENT OF STATE
16 SEP 22 PM 12: 10

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

SERVICELINK DEFAULT SOLUTIONS, LLC

M14000001183

[Empty rectangular box]

Nonprofit

Foreign

Limited Partnership

LLC

Certified Copy

Walk In

Mail Out

Name _____

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Amendment

Dissolution/Withdrawal

Reinstatement

Annual Report

Name Registration

Fictitious Name

Photocopies

Call If Problem

Will Wait

9/20/2016

KM

Merger

Mark

Other

UCC

CUS

After 4:30

Pick Up

Order#:

10169196

Ref#:

Amount: \$

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ServiceLink Default Solutions, 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:

April L. Johnson

Name of Person

Black Knight Financial Services

Firm/Company

601 Riverside Avenue

Address

Jacksonville, FL 32204

City/State and Zip Code

april.johnson@bkfs.com

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

For further information concerning this matter, please call:

April L. Johnson

at (904) 854-5256

Name of Person

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

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: ServiceLink Default Solutions, LLC

Enter new principal office address, if applicable: _____

**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: _____

**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M14000001183

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/18/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: ServiceLink Process Solutions, LLC
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

2016 SEP 20 AM 8:34
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 SEP 20 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

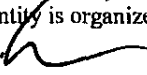
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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 the authorized representative

Michael L. Gravelle

Typed or printed name of signee

Filing Fee: \$25.00

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SERVICELINK DEFAULT SOLUTIONS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SERVICELINK PROCESS SOLUTIONS, LLC" ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2016, AT 1:31 O'CLOCK P.M.

FILED
2016 SEP 20 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

3476903 8320
SR# 20165880327

Authentication: 203031854
Date: 09-21-16

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