

M15000005213

(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:

Office Use Only



000275045470

000275045470
07/15/15--01025--005 **25.00

15 JUL 15 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUL 16 2015

REGISTRY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Receivables Outsourcing, 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:

Jeff Sivek

Name of Person

Dentons US LLP

Firm/Company

1301 K Street NW

Address

Washington, DC 20005

City/State and Zip Code

philt@theroi.com

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

For further information concerning this matter, please call:

Jeff Sivek

Name of Person

at (202) 408-9230

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 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: Receivables Outsourcing, LLC
2. The Florida document number of this limited liability company is: M15000005213
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 7/2/2015

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

5. New name of the limited liability company: _____
(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 office 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

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

15 JUL 15 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Removal of Managers, Addition of Managers

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	<u>David M. Tolmie</u>	<u>900 N. Michigan Avenue, Suite 1800</u>	<input type="checkbox"/> Add
		<u>Chicago, IL 60611</u>	<input checked="" type="checkbox"/> Remove
Manager	<u>Gordon L. Nelson, Jr.</u>	<u>27 Main Street, 2nd Floor</u>	<input type="checkbox"/> Add
		<u>Concord, MA 01742</u>	<input checked="" type="checkbox"/> Remove
Manager	<u>Todd J. Lancioni</u>	<u>875 N. Michigan Ave, Suite 4020</u>	<input type="checkbox"/> Add
		<u>Chicago, IL 60611</u>	<input checked="" type="checkbox"/> Remove
Manager	<u>Scott C. Brown</u>	<u>900 N. Michigan Ave., Suite 1800</u>	<input type="checkbox"/> Add
		<u>Chicago, IL 60611</u>	<input checked="" type="checkbox"/> Remove
Manager	<u>James A. Gordon</u>	<u>900 N. Michigan Ave., Suite 1800</u>	<input type="checkbox"/> Add
		<u>Chicago, IL 60611</u>	<input checked="" 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.

See last page for signature
Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

FILED
JUL 15 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Removal of Managers, Addition of Managers

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Michael A. Shea</u>	<u>9200 Shelbyville Road, Suite 210</u> <u>Louisville, KY 20222</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Christopher Wunder</u>	<u>1920 Greenspring Drive, Suite 200</u> <u>Timonium, MD 21093</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Manager</u>	<u>Edward Beitle, III</u>	<u>1920 Greenspring Drive, Suite 200</u> <u>Timonium, MD 21093</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Manager</u>	<u>Edward Kennedy, Jr.</u>	<u>1920 Greenspring, Drive, Suite 200</u> <u>Timonium, MD 21093</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Manager</u>	<u>Valerie Hayes</u>	<u>1920 Greenspring Drive, Suite 200</u> <u>Timonium, MD 21093</u>	<input checked="" 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.

See last page for signature
Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

15 JUL 15 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Removal of Managers, Addition of Managers

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Joseph Pipkin</u>	<u>1920 Greenspring Drive, Suite 200</u>	<input checked="" type="checkbox"/> Add
		<u>Timonium, MD 21093</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Robert Troiani</u>	<u>1920 Greenspring Drive, Suite 200</u>	<input checked="" type="checkbox"/> Add
		<u>Timonium, MD 21093</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Micheal Motsay</u>	<u>1920 Greenspring Drive, Suite 200</u>	<input checked="" type="checkbox"/> Add
		<u>Timonium, MD 21093</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>David W. Zalaznick</u>	<u>9 West 57th Street, 33rd Floor</u>	<input type="checkbox"/> Add
		<u>New York, NY 10019</u>	<input checked="" type="checkbox"/> Remove
			<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.

Valerie Hayes
Signature of the authorized representative

VALERIE HAYES
Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 15 PM 12:18

FILED