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LIABILITY COMPANY

1275 Peachtree Street, N.E. Atlanta, GA 30309-3574

Telephone: (404) 872-7000 Fax: (404) 888-7490

Mary S. Barnett Direct Dial: 404-888-7481 Direct Fax: 404-870-4850 E-mail: mbarnett@wcsr.com

June 22, 1998

Florida Department of State Amendment Section Division of Corporations P. O. Box 6327 __ Tallahassee, FL 32314

RE:

Application by Foreign Limited Liability Company to

File Amendment to Application for Authorization to

Transact Business in Florida -

AcceptanceAmerica Insurance, LLC

Dear Sir or Madam:

Enclosed herein please find an original and one copy of the above application changing the name from Acceptance America Insurance, LLC to Asset America Insurance, LEC, along with a certified copy of the Certificate of Formation and name change from Delaware. Also, enclosed please find our check in the amount of \$52.50 to cover the cost of filing.

Thank you for your attention to this matter and if you have any questions please do not he sitate to contact me at the above number or Steve Drucker at 404-888-7484.

Sincerely,

Mary S. Barnett

Corporate Paralegal

WOMBLE CARLYLE SANDRIDGE & RICE, PLLC

Name 6/24 Availability Document Examiner

Updater

Updater Verifyer

Dictated by Ms. Barriett but signed in her absence.

475.000\ 1*::ODMAYCDOCS\DOCS\91475\1
v. June 22, 1998 Ackno le

W. P. Verifyer Enclosures

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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 Department of State: ACCEPTANCEAMERICA INSURANCE, LLC Delaware Jurisdiction of its organization: March 5, 1998 3. 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 limited liability company, when was the change effected under the laws of its jurisdiction of organization?_ 5. New name of the limited liability company: AssetAmerica Insurance, (Name must end with the words "limited company" or the abbreviation "L.C." if not so contained in the name at present.) 6. If the amendment changes the period of duration, indicate new period of duration: NA 7. If the amendment changes the jurisdiction of organization indicate new jurisdiction: NA Signature of a member or the authorized representative of a member LAWRENCE STUMBAUGH, Manager/Member

LAWRENCE STUMBAUGH

Typed or printed name

PAGE 1

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "ACCEPTANCEAMERICA
INSURANCE, LLC", CHANGING ITS NAME FROM "ACCEPTANCEAMERICA
INSURANCE, LLC" TO "ASSETAMERICA INSURANCE, LLC", FILED IN THIS
OFFICE ON THE FIFTH DAY OF JUNE, A.D. 1998, AT 10_O'CLOCK A.M.

98 JUN 23 PM 2: 00
SECRETARY OF STATE

Edward J. Freel, Secretary of State

AUTHENTICATION:

9149746

DATE:

. 08/42/98 08:33

FAX: (302) 739-6402 Delaward Sec. of State

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

| AC | CEPTANCEAMER | ICA INSURAN | CE, LLC | | |
|---|--|--|--|-------------------------|---|
| Name of Limi | ecd Liability Con | mpany; | | | |
| AC | <u>CEPTANCEANERI</u> | ica insuran | CE, LLC | | |
| The Certificate | of Formation of | f the limited li | ability compan | y is hereby am | ended |
| 25 TOLLOWS: | тапее пашо со | ASSETAMER | ICA INSURAN | E, LLC | |
| | [set for | th amendmen | (b)] | | |
| /files she fall | * L. A | | | | |
| | que or gue con | tain later than | filing: | | r tírne. |
| which must be a | ing paragraph if date or time cer e of Amendment | tain later than | filing: | | r time. |
| which must be a "This Conificat N WIINESS V | date or time cer e of Amendment | tain later than ts shall be offe | filing: ctive on | 5/98 | ** |
| which must be a "This Conificat N WIINESS V | date or time cer e of Amendment VREREOF, the | tain later than ts shall be offe | filing: ctive on <u>6/</u> nave executed | 5/98 | ** |
| which must be a "This Certificat | date or time cer e of Amendment VREREOF, the | tain later than ts shall be offe undersigned t | filing: ctive on <u>6/</u> nave executed | 5/95 his Certificate | ** |
| which must be a "This Conificat N WIINESS V | date or time cer e of Amendment VREREOF, the | tain later than ts shall be offe undersigned t | filing: ctive on 6/ | his Certificate . 1998 | *** |
| which must be a "This Conificat N WIINESS V | date or time cer e of Amendment VREREOF, the | tain later than is shall be effe undersigned it June | filing: ctive on <u>6/</u> nave executed | his Certificate 1998 | *** |
| which must be a "This Conificat N WIINESS V | date or time cer e of Amendment VREREOF, the | tain later than is shall be effe undersigned it June | filing: ctive on | his Certificate 1998 | *************************************** |

STATE OF DELAWARE SECRETARY OF STATE DIVISION OF CORPORATIONS FILED 01:00 AM 06/05/1998 981217666 - 2849496

2018 "2015" "100" "100" "100"