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.

(((H170001674483)))



H170001674483ABC5

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

Address:

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN BANCOMER TRANSFER SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

JUN 26 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Bancomer Transfer Services, Inc.	of Corporation
		or Corporation
DOC	UMENT NUMBER: F08000004488	
The e	nclosed Amendment and fee are subm	litted for filing.
Please	e return all correspondence concerning	g this matter to the following:
	Name of Contact Person	·····
	Firm/Company	
	Address	
	City/State and Zip Code	
	Jason.lundell@btsincusa.com	
E	-mail address: (to be used for future annu	ual report notification)
For fu	rther information concerning this mat	ter, please call:
		at ()
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amous	nt:
¹	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Ameno Division P.O. B	ng Address: dment Section on of Corporations Box 6327 assec, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

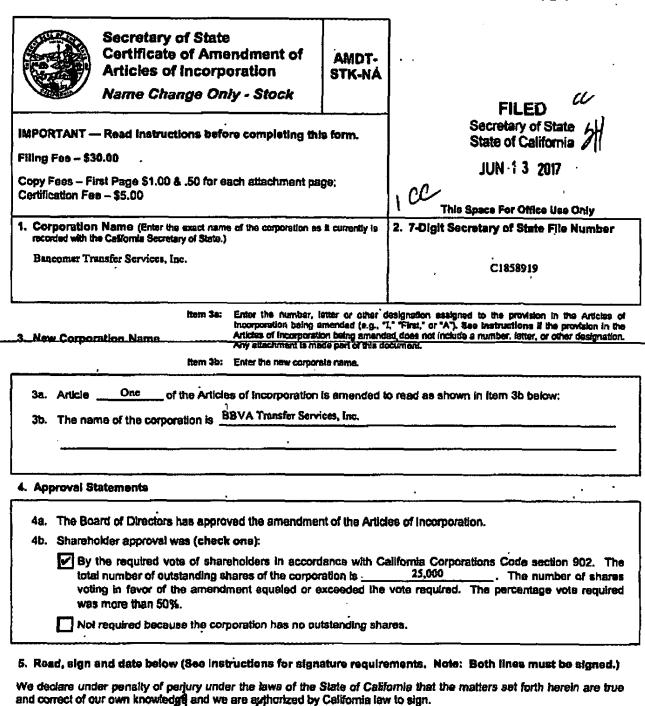
PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F08000004488	
(Document number	er of corporation (if known)
Bancomer Transfer Services, Inc.	
(Name of corporation as it appears	on the records of the Department of State)
2. California	3, 10/15/2008
(Incorporated under laws of)	(Date authorized to do business in Florida)
	CTION II
(4-7 COMPLETE ONLY	THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporation	on, when was the change effected under the laws of 💍
its jurisdiction of incorporation? 06/13/2017	race and a second
5. BBVA Transfer Services, Inc.	To 3
(Name of corporation after the amendment, adding s appropriate abbreviation, if not contained in new na	uffix "corporation," "company," or "incorporated," or ame of the corporation)
(If new name is unavailable in Florida, enter alternate business in Florida)	e corporate name adopted for the purpose of transacting
6. If the amendment changes the period of duration, ind	licate new period of duration.
(No	w duration)
7. If the amendment changes the jurisdiction of incorpo	oration, indicate new jurisdiction.
(New	jurisdiction)
3. Attached is a certificate or document of similar impo 90 days prior to delivery of the application to the Dej having custody of corporate records in the jurisdiction	ort, evidencing the amendment, authenticated not more than partment of State, by the Secretary of State or other official in under the laws of which it is incorporated.
(Signature of a firector, presof a receiver of other court a	if ent or other officer - if in the hands appointed fiductary, by that fiductary)
Carrie L. Cogburn	Asst. Secretary
(Typed or printed name of person signing)	(Title of person signing)

A 0798921



AMDT-STIGNA (EST 092016)

Bignature

6/12/2017

6/12/2017

Date

Date

2016 California Secretary of State www.soe.cs.gov/business/be

Carrie Cogburn

Brian Herrick

Type or Print Name of Assistant Secretary

Type or Print Name of Secretary

To: Page 6 of 6

2017-06-23 11:29:51 CST

19542080845 From: Ranae McGraw



I hereby certify that the foregoing transcript of _______ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JUN 1 4 2017

54

Date:

ALEX PADILLA Secretary of State