L13000036286

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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MAY 05 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: May 3, 2016

Order#: 105346/071

Re: FLORIDA CORAL LIEN INVESTMENTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX____ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| () | 14901 QUORUM DRIVE, STE. 900 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (b) | | Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) | |
|-----------------|--|---|--|--|--|--|
| | DALLAS | T≯ 75254 | | | | |
| | 03/11/2013 | | | L130000 | 036286 | |
| | Date of filing/regis | tration in Florida | 4. | | Document number | |
| a) | CT CORPORATION SY | STEM | | | | |
| , | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | |
| | 1200 SOUTH PINE ISLA | ND ROAD | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | — 到。 | |
| | | | | | <u> </u> | |
| | - | | | | | |
| | PLANTATION | , F | FL <u>33324</u> | | | |
| | | | | | See the second s | |
| (b) | Corporation Service Comp | | | | | |
| | Enter name of <u>NEW Registered</u> | Agent and/or NEW Register | ed Office addı | ress: | Se 7 5 | |
| | | | | | | |
| | 1201 Hays Street | | | | | |
| | NEW Registered Office Address | : | | | | |
| | Tallabasson | | 22201 | | | |
| | Tallahassee | , F | FL 32301 | | _ | |
| ha t w we | nge or changes are made, the vill be identical. Or, in the co | e Florida street address ase of a Florida limited live vote of the members | of the regist liability con s of the limit ne limited lia | ered offinpany, it ted liabil ability co | Florida, it is hereby confirmed that afte ce and the business office of the regist is hereby confirmed that the change(s) ity company or as otherwise provided ompany. norized Person | |
| nat | ure of a member of authorized rep | resentative of a member | <u> </u> | , | Printed or typed name of signee | |
| ret isid | by accept the appointment as ons of all statutes relative to igations of my position as re | s registered agent and a the proper and comple gistered agent as provid | gree to act i te performa ded for in Cl | n this ca nce of my hapter 60 | pacity. I further agree to comply with y duties, and I am familiar with and ac 05, F.S. Or, if this document is being f to the limited liability company has bee | |