12/00030/013

| (Requesto | or's Name) |
|--------------------------------|------------------------|
| (Address) | |
| (Address) | |
| (City/Stat | e/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Business | Entity Name) |
| | |
| (Docume | nt Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Filing | Officer: |
| | |
| Off | ice Use Only |



400399003744

RA & RO change

ZIZI JAN II PH 3-21

A. RAMSEY JAN 12 2023 2023 JAN 11 AH 8: 40

| CORPORATION 1201 Hays St Tallhassee, | |
|--|-------------------------------------|
| Phone: 850-5 | |
| | |
| | ACCOUNT NO. : 12000000195 |
| | REFERENCE : 343302 7941640 |
| | AUTHORIZATION: Typello Remain |
| | COST LIMIT : \$ 25.00 |
| | |
| ORDER DATE : | January 10, 2023 |
| ORDER TIME : | 1:40 PM |
| ORDER NO. : | 343302-001 |
| CUSTOMER NO: | 7941640 |
| | \ |
| | CHANGE OF AGENT |
| | |
| | |
| NAME: | COASTAL LOANS, LLC |
| | |
| DI ENCE DEMIN | N MUR POLICUING AG DROOP OF PILING |
| | N THE FOLLOWING AS PROOF OF FILING: |
| | FFIED COPY N STAMPED COPY |
| | |
| | |
| CONTACT PERS | ON: Eyliena Baker EXT# |
| | EXAMINED. |

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.

| 1. | Na | me of the limited liab | ility company: COASTAL LO | ANS, LLC | : | | | | | |
|----------------------------------|-------------------------|---|--|---|-----------------|---|---|----------------------|------------------------------|--|
| 2. | (a) | | | | | | | | | |
| | () | • | dress of limited liability company: ST BE STREET ADDRESS) | | υ, | 7 | dailing address of limited (Note: MAY BE POST | liabil | ity comp | any: |
| | | 1 West Church Stree | et, STE 409 | | | 1 West Ch | nurch Street, STE 409 | ļ | | |
| | | ORLANDO, FL 3280 |)1 | | - | ORLANDO | D, FL 32801 | | | |
| | | 06/30/2021 | | | L | _21000301 | 1013 | | | |
| 3. | | Date of filing | g/registration in Florida | - 4. | _ | | Document number | | | |
| 5. | (a) | | | | | | | | | |
| | | Registered Agent and Reg | istered Office shown on the records of ATIONS NETWORK INC | Tthe Florid | a I | Dept. of State | : | | | |
| Registered Office Addres | | | s (MUST BE FLORIDA STREET | ADDRES. | <u>S)</u> | | | | رح | |
| | | | | | | | - | | D23 , | |
| | | NORTH PALM BEA | CH | L_33408 | | | · · | • | 2023 JAN 1 1 | |
| | | | | | | | | 1 | | |
| | (b) | Enter name of NEW Reg | stered Agent and/or NEW Registere | d Office ac | idr | 'ess: | | • | <u>유</u> 8 | |
| | | | | | | <u></u> - | | ~ | 8: 40 | |
| | | Corporation Service | Company | | | | | : | 0 | |
| | | NEW Registered Office a | Address: | | | . | | | | |
| | | 1201 Hays Street | | | | | | | | |
| | | Tallahassee | . F | L_32301 | | | | | | |
| cha aga wa | inge ent w s/we | or changes are made, fill be identical. Or, in re authorized by an af | ny is not organized under the la the Florida street address of the the case of a Florida limited la firmative vote of the members the operating agreement of the | e register iability co of the lin | ed om nte | office and pany, it is ed liability | I the business office o hereby confirmed that company or as other | f the it the | registe chang | ered (e(s) |
| /S/ Jennifer R Green | | | Jennifer R Green, Authorized Person | | | | | | | |
| Signature of a member or authori | | | · | | | | Printed or typed name of | _ | | |
| 14. pre the | ieret ovisio obli | y accept the appointning of all statutes relaigations of my position by reflect a change in | ent as registered agent and ag tive to the proper and complete as registered agent as provide the registered office address. I | ree to act e perform ed for in (| ir an Ch | i this capac ce of my di apter 605, firm that il | city. I further agree t uties, and I am famili. F.S. Or, if this docu ha limited liability con | o co ar w nent | mply w ith and is bein | rith the l accept ig filed kann |
| noi | ifiea | in writing of this chair | noe | | | | ASST. VICE PRESID | | | ire urr |
| Sig | natur | e of Registered Agent | | | | | | | | |