MI400000 5565

(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



09-73/19-**-**010/3**3--**018



OCT 08 2019 S. YOUNG

COVERLETTER

TO: Registration Section Division of Corporations	
SUBJECT: Center Street Lendin Name of Foreign	g Fund IV SPE, LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Christina Lycoyannis	
Name of Person	
Dag Wilkinson, Counsellor	
Firm/Company	
34145 Pacific Coast Highway	y #200
Address	<u>,</u>
Dana Point, CA 92612	
City/State and Zip Code	
dag@dagwilkinson.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, p	lease call:
	714 ₎ 458-2771
Name of Person	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: \$\Bigsim \text{\$\subset\$25 Filing Fee} \Bigsim \text{\$\subset\$30 Filing Fee & Certificate of Status}	S55 Filing Fee & S60 Filing Fee. Certified Copy Certificate of Status Certified Copy

CR2E055 (9/15)

AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSA BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State: Center Street Lending Fund		Department of
Enter new principal office address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		3 . * 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	bility company is: M1400	0005565
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 08/	04/2014	
SECTION II (5-9 complete only the applicable of		
5. New name of the limited liability company: (must	t contain "Limited Liability Co	ompany, " "L.L.C.," or "LLC
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmust contain "Limited Liability Company," "L.1C	naging members adopting the	
6. If amending the registered agent and/or registere registered agent and/or the new registered office agent.		ds. enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Euron Elim	ida Street Address
	Emer Cion	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Re- I hereby accept the appointment as registered ager the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change liability company has been notified in writing of th	nt and agree to act in this cap and complete performance of ered agent as provided for in in the registered office addres	my duties, and I am familiar Chapter 605, F.S. Or, if this

itle/ Capacity	<u>Name</u>	Address	Type
Manager David Frosh	18301 Von Karman, #3	330	
		Irvine, CA 92612	(
			[
			[
	·	· · · · · · · · · · · · · · · · · · ·	[
			
aforemention	under the law of which this entity is	of by the official having custody of records in the organized. The office authorized representative	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CENTER STREET LENDING FUND IV SPE,

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORD:

THIS OFFICE SHOW, AS OF THE FIFTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTER STREE'S LENDING FUND IV SPE, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE B

Authentication: 20

Date: (