

M15000010001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

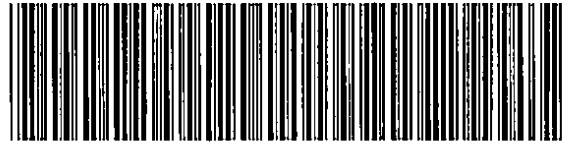
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 JUL -5 AM 12:49

J J EGGETT  
JUL 06 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2018

SUSAN MOORE LICENSING COORDINATOR  
RMP  
8085 KNUE RD  
INDIANAPOLIS, IN 46250 US

SUBJECT: RECEIVABLES MANAGEMENT PARTNERS, LLC  
Ref. Number: M15000010001

We have received your document for RECEIVABLES MANAGEMENT PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 118A00012943

RECEIVED

2018 JUL -5 PM 12:11

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Receivables Management Partners, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Moore Licensing Coordinator

Name of Person

RMP, LLC

Firm/Company

8085 Knue Road

Address

Indianapolis, IN 46250

City/State and Zip Code

susan.moore@receivemorempr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Moore

Name of Person

at ( 317 ) 849-6933 ext 3966

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:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E055 (9/15)

payment was originally  
sent with rejected  
paperwork -

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Receivables Management Partners, LLC

Enter new principal office address, if applicable:

N/A

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

8085 Knue Road

Indianapolis, IN 46250

2. The Florida document number of this limited liability company is M15000010001

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/30/13

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: N/A

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the manager's or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address:

Enter Florida Street Address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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COO      Steve Gayheart      6955 Hillsdale Court      ☐ Add

Indianapolis, IN 46250 ☒ Remove

MGR      Noelle Ten Eyck      8085 Knue Road       Add

Indianapolis, IN 46250 ☐ Remove

\_\_\_\_\_ ☐ Add

☐ Remove

\_\_\_\_\_ ☐ Add

☐ Remove

\_\_\_\_\_ Add

☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Noelle Len Gyck  
Signature of the authorized representative

Noelle Ten Eyck Corporate Compliance Officer/Asst Secretary

Typed or printed name of signee

**Filing Fee: \$25.00**