<u>M97000</u>	00671
(Requestor's Name) (Address)	500322840155
(Address) (City/State/Zip/Phone #)	
(Business Entity Name)	01/14/1901035002 **25.00
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: January 10, 2019

Order#: 562335-010

Re: COASTAL CREDIT, L.L.C.

Enclosed please find:

 $\frac{XX}{XX}$ Change of Registered Agent and Office. $\frac{XX}{XX}$ Check in the amount of \$25.

Please take the following action:

<u>XX</u> File in your office on a routine basis.
 <u>XX</u> Issue Proof of Filing.
 <u>XX</u> Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX____ Return envelope is also enclosed for your convenience.

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

QUCA.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.

(a)	10333 N Meridian Street, Suite 400	(b)	10333 N Meridia	an Street, Suite 400	
	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	Indianapolis, IN 46290	·	Indianapolis, IN 4	6290	
	10/08/1997		M97000000671		
	Date of filing/registration in Florida	-1.	Docume	ent number	
(a)	C T CORPORATION SYSTEM				
()	Registered Agent and Registered Office shown on the records o	Dept. of State:			
	1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	,		
	PLANTATION , F	L <u>33324</u>		FILED	
(b)	Corporation Service Company				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			4: 15 0200	
	1201 Hays Street				
	<u>NEW</u> Registered Office Address:				
	Tollabassa				
	Tallahassee, F	l <u>32301</u>			
cha nt v s/we	imited liability company is not organized under the la nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the view of Que	if the registe iability con of the limit e limited lia	ered office and the apany, it is hereby of ed liability compar- bility company.	business office of the registe confirmed that the change(s) by or as otherwise provided i	
	ure of a member or authorized representative of a member		mi, Authorized Per	SON r typed name of signee	

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.

-KUD1 MARC

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Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asssistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00



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CSC 251 LITTLE FALLS DR WILMINGTON DE 19808-1674 ղ^{ելը}ներինեներություններուներուներուներ

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

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١.	Na	me of the limited liability company: <u>COASTAL CRE</u>	DIT, L.L.C	· · · · · · · · · · · · · · · · · · ·
2.	(a)	10333 N Meridian Street, Suite 400	(b)	10333 N Meridian Street, Suite 400
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ 、	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Indianapolis, IN 46290		Indianapolis, IN 46290
		10/08/1997	_	M97000000671
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	C T CORPORATION SYSTEM		
(u	(4)	Registered Agent and Registered Office shown on the records of t	he Florida I	
		1200 SOUTH PINE ISLAND ROAD		7A
		Registered Office Address (MUST BE FLORIDA STREET A	<u>IDDRESS)</u>	
		PLANTATION , FL	33324	TALLAHASSEE
	(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	
		1201 Hays Street		
		<u>NEW</u> Registered Office Address:		
		Tallahassee , FL	32301	
the ag wa the	e cha ent v is/we e arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line view 2. COwing ure of a member or authorized representative of a member	vs of the S the registe bility com f the limit limited lia	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	-	by accept the appointment as registered agent and agre	ee to act ii	

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Ku01 0 MARC

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asssistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00