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(Re	equestor's Name)					
(Ad	ldress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL MAIL				
(Bu	isiness Entity Nan	ne)				
(Document Number)						
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.. CSC - WILMINGTON *
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: July 13, 2015

Order#: 696202/053

Re: Q10 CHURCHILL FINANCIAL LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Lindsey Lockard

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

1.	Na	me of the limited liability company: Q10 CHURCHILL	FINAN	ICIAL LLC				
2.	(a)	601 CLEVELAND STREET SUITE 850	(b)				
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*		Mailing address of limited (Note: MAY BE POST	-		
		CLEARWATER FL 33755	_					
		08/11/2006		L0600007	79410			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Keith J. Gloeckl						
٥.	(4)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	- e:			
		601 CLEVELAND STREET						
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	2	-	V TIFL	2015 J	
		CLEARWATER ,FL	33755		-		JUL 15	FILE
	(b)	Corporation Service Company					M	
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	dress:	-		ω	
		1201 Hays Street					ŗ.	
		NEW Registered Office Address:		,	_			
					-			
		Tallahassee , FL	32301		_			
th ag w	e cha gent v as/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	he regist bility co the lim	stered office ompany, it i ited liabilit	e and the business offi s hereby confirmed the y company or as other	ice of the at the cha	regist inge(s	ered ()
			Don	a Priebe, A	authorized Person			
	_	ture of a member authorized representative of a member	•		Printed or typed name of			,
th	ovisi e obi	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I ha in writing of this change	e to act perform for in (ereby c	in this cap ance of my Thapter 60: onfirm that	acity. I further agree duties, and I am famil 5, F.S. Or, if this doci the limited liability co	to compliar with a ment is b ompany h	y with and ac peing j as bee	the cept filed en
	×	elin august	BY: S	ylvia Quer	opet, Asst. Vice Pres	ident		

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