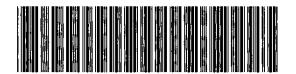
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(Requestor's Name)				
(Address)				
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: July 13, 2015

Order#: 696202/034

Re: CHURCHILL STATESIDE NC TAX CREDIT FUND MANAGING MEMBER,

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. N	ame of the limited liability company: CHURCHILL STA	TESIDE NC TAX CR	EDIT FUND MANAGING MEMBER, LLC
2. (a)	601 CLEVELAND STREET SUITE 850	(b)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CLEARWATER FL 33755		
	01/31/2013	L13000	016170
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Keith J. Gloeckl		
5. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	tate:
	601 CLEVELAND STREET		
			
			.
	CLEARWATER, FL	33755	
(b)	Corporation Service Company		
• ,	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	10 2 0 00000000000000000000000000000000
	1201 Hays Street		
	NEW Registered Office Address:		- STATE STATE
	Tallahassee , FL	32301	
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the registered offi ability company, it of the limited liabil limited liability co	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
Signa	e of member authorized representative of a member		Printed or typed name of signee
provisi the obl to mer notifie	by accept the appointment as registered agent and agens on all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	performance of m d for in Chapter 6 hereby confirm tho	y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signatu	re & Registered Agent Corporation Service Company	BY: Sylvia Ouc	eppet, Asst. Vice President

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