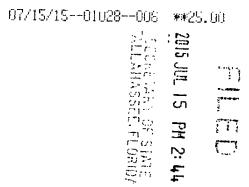
## 113000165733

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Y SULKER



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#: 696202/026

Re: CHURCHILL STATESIDE NC TAX CREDIT FUND II, 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. Name of the limited liability company: CHURCHILL STATESIDE NC TAX CREDIT FUND II, LLC				TAX CREDIT FUND II, LLC
2.	(a)	601 CLEVELAND STREET, SUITE 850  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		CLEARWATER FL 33755		
		11/26/2013	 L130	000165733
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		f State:
		601 CLEVELAND STREET, SUITE 850	•	
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
		CLEARWATER, FL	33755	
	(b)	Corporation Service Company		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	7-5- 10-5- 1
		1201 Hays Street		
		NEW Registered Office Address:		12:44 2:44
		Tallahassee , FL	, 32301	
the ag wa	e cha ent v is/we	mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered of the registered of the limited liable of the limited liable of the limited liable of the liable o	office and the business office of the registered (, it is hereby confirmed that the change(s) ability company or as otherwise provided in
			Dona Priet	pe, Authorized Person
- :	Signat	ure of a member or aumorized representative of a member		Printed or typed name of signee
pri the to	ovisi e obli mere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I it is writing of this change.	ree to act in this performance of d for in Chapter hereby confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
Si	gnatui	e of Degistered Agent Corporation Service Company	BY: Sylvia C	Duennet Asst Vice President

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