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2015 JUL 15 P 12: 29
SECRETARY OF STATE

JUL 16 205 BRIICE



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#: 696202/008

Re: CHURCHILL STATESIDE ADVISORS 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

2015 JUL 15 P 12: 29
SECRETARY OF STATE
AND ASSET FI ORIDA

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: CHURCHI	LL STATESIDE AD	VISORS LLC	
2. ((a)	601 CLEVELAND STREET, SUITE 850 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			
2		12/13/2013		000172424	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	Keith J. Gloeckl			
		Registered Agent and Registered Office shown on the recor	rds of the Florida Dept. o	of State:	
		601 CLEVELAND STREET, SUITE 850			
		Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)		
				As ≥	
		CLEARWATER	, FL <u>33755</u>	SECREI	
(t	(b)	Corporation Service Company		SA SA Un-C	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	stered Office address:	OF STAI	
		1201 Hays Street		DIATE ORID	
		NEW Registered Office Address:		۵ ۵	
					
		Tallahassee	, FL <u>32301</u>		
the age was	cha nt w :/we	mited liability company is not organized under the nge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit the authorized by an affirmative vote of the members of organization or the operating agreement or	ess of the registered ted liability compan- pers of the limited li- of the limited liability	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.	
- <u>S</u> 2	nat	14: of a man per or authorized representative of a member	Dona Prie	be, Authorized Person Printed or typed name of signee	
1 h: pro the to n noti	n et visio obli nere ified	ov accept the appointment as registered agent and one of all statutes relative to the proper and complications of my position as registered agent as proly reflect a change in the registered office address in writing of this change.	plete performance o ovided for in Chapte ss, I hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept ir 605, F.S. Or, if this document is being filed that the limited liability company has been	
Sign	าสเนา	e de Registered Agent Corporation Service Compa	any BY: Sylvia (Queppet, Asst. Vice President	