8/4/2018

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE CHURCHILL STATESIDE NC TAX CREDIT FUND III, LLG

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## 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 us registered office or registered agent, or both, in the State of Florida.

1. iNa 2. (a)	one of the limited liability company:  601 CLEVELAND STREET, Suite 850				32.32			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ψ) <del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	CLEARWATER, FL 33755							
	07/11/2014	<del></del>	L14600109	8888				
3.	Date of filing/registration in Florida	4.		Document numbe	2.1			
5. (a)	CORPORATION SERVICE COMPANY		. <u></u>	_				
,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	Registered Office Address <u>(AUST BE FLORIDA STRE</u> ) 1201 HAYS STREET	<u>(SS)</u>	A COUNTY OF THE PARTY OF THE PA					
	TALLAHASSEE.	— EL 32301"						
(b)	Enter name of NEW Registered Agent and/or NEW Regist	_	SSE FLEE					
	C T Corporation System				2.7 <u>2</u>			
	NEW Registered Office Address:	_						
	1200 South Pine Island Road			_				
	Plantation	, FL_33324		_				
the cha agent v was/we	imited liability company is not organized under the ringe or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membicles of organization or the operating agreement of manyer.	e laws of the reged liability of the li ters of the li the limited	e State of F gistered offi company, it mited fiabil I liability co	ce and the business is hereby confirmed ity company or as o	office of the registered d that the change(s) otherwise provided in			
Signa	une of a member or authorized representative of a member			Printed or typed nan	ne of signee			
provis. the obi to mero notified	by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as proefy reflect a change in the registered affice address of in writing of this change.  orporation Agent	olete perfor vided for it s, I hereby	mance of m i Chapter δ confirm tha	pacity. I further ag v dutjes, and I am fe 05, F.S. Or, if this o at the limited liabilit	gree to comply with the amiliar with and accept locument is being filed ty company has been			
	re of Registered/Agent Alfrec	d Your	an					
•	Division of Corporations P.	t Sect	etary.	assee, FL 32314				

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