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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#: 696202/033

Re: CHURCHILL STATESIDE NC TAX CREDIT FUND IV MANAGING

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.

z. (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		
	09/04/2014		L14000138020
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Keith J. Gloeckl		
, (u,	Registered Agent and Registered Office shown on the records of	f the Florida D	Dept. of State:
	601 CLEVELAND ST. SUITE 850		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	······································
	CLEARWATER , F	L <u>33755</u>	
(b)	Corporation Service Company		
(-)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addr	ress:
	1201 Hays Street		
	NEW Registered Office Address:		3 02
	Tallahassee , F	ւլ_ 32301	
he ch agent was/w he ar	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the atture of a member authorized representative of a member	of the registe liability con of the limit he limited lia	tered office and the business office of the register mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
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l heï provis the of	by accept the appointment as registered agent and a tions of all statutes relative to the proper and complet ligations of my position as registered agent as provid rely reflect a change in the registered office address.	gree to act it le performan led for in Ch	in this capacity. I further agree to comply with the nnce of my duties, and I am familiar with and acce hapter 605, F.S. Or, if this document is being file

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