L150000 93423

(Re	equestor's Name)								
(Address)									
(Address)									
(City/State/Zip/Phone #)									
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(Business Entity Name)									
(Document Number)									
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ANASSEE FOR ORDER

HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 11, 2016

Order#: 045172/010

Re: CHURCHILL STATESIDE NC MANAGING MEMBER, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Ami Casper 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.

ŀ.	Na	me of the limited liability company: CHURCHILL STA	ATESID	E NC MAN	AGING MEMBER, LL	.C	
2. ((a)	601 Cleveland Street, Suite 850	(b)			
()		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	- -				
		05/28/2015		L1500009	93423		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Keith J. Gloeckl					
٥.	(ω)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	- e:		
		601 Cleveland Street, Suite 850					
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	2	-		
					Āω	anadi alatta	
		Clearwater , FL_	33755	<u>;</u>	ECKETAR? LLAHASS	6 MAR	To The same
(L	(b)	Corporation Service Company				2	
,	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	dress:	E. FLORIDE	101	1 6 1
					41.S	÷	
		1201 Hays Street				03	
		NEW Registered Office Address:			>		
					_		
		Tallahassee, FL_	32301		_		
the age was the	cha nt v s/we arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	he registility control the limited l	stered office ompany, it is ited liability iability con	e and the business off s hereby confirmed th y company or as othe npany.	ice of at the	the registered change(s)
		Keith J. Gloeckl Ture of a member or authorized representative of a member	Keit	h J. Gloeck	I, Authorized Person Printed or typed name o	ficianee	
I h pro the to n not	erel visi obl nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ly reflect a change in the registered office address, I had in writing of this change.	perform for in (ereby co	ance of my Chapter 605 onfirm that	acity I further agree	to cor liar wi ument ompan	nnly with the

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