6/4/2018

Division of Corporations



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LLC REGISTERED AGENT CHANGE CHURCHILL STATESIDE NC MANAGING MEMBER, LLC

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

l. Nar	me of the limited liability company: CHURCHILL S	TATESIDE NO N	IANAGING MEMBER, LLC
l. (a) _	601 CLEVELAND STREET Suite 850	(b)	
. (4) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	CLEARWATER, FL 33755		
	05/28/2015	L1500	0093423
	Date of filing/registration in Florida	4.	Document number
(a)	CORPORATION SERVICE COMPANY		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS STREET		
	TALLAHASSEE, , F	'L_32301"	2018
(b)			
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		O I picar
	C T Corporation System		<u> </u>
	NEW Registered Office Address:		g, 6, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,
	1200 South Pine Island Road		
	Plantation, [7L_33324	
he cha igent w vas/we he arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membersicles of organization or the operating agreement of the many of the street of the stre	aws of the State of the registered liability compan s of the limited I he limited liabili	office and the business office of the register y, it is hereby confirmed that the change(s) lability company or as otherwise provided in ly company.
Signar	ture of a member or authorized representative of a member		Printed or typed name of signee
roviși he obl o merc iotifice	by accept the appointment as registered agent and a tons of all stantes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, of my riting of this change.	ded for in Chapt I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familian with and acce er 605, F.S. Or, if this document is being file i that the limited liability company has been
	Alfred Assistant Division of Cornections 1.0	Younan Secreta	[X El 32314

FILING FEE: \$25.00