21500093428

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only



000282303730

16 FEB 18 PM 4: 26

2016 FEB 18 A 10: 52

RECEIVED

TILED

EBIT 8 SOLE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 021851 7872084

AUTHORIZATION : Spelle Rear

COST LIMIT : \$ 25.00

ORDER DATE: February 18, 2016

ORDER TIME : 2:55 PM

ORDER NO. : 021851-005

CUSTOMER NO: 7872084

CHANGE OF AGENT

NAME: CHURCHILL STATESIDE NC TAX

CREDIT FUND V, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

2016 FEB 18 A IO: 52

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	CHURCHILL STATESIDE NC 1	AX CREDIT F	UND V, LLC			
0000		ne of Limited	Liability Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Of	fice Change an	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning the	nis matter to the	e following:			
Mary S	Settle					
	Name of Person					
Churci	hill Stateside Group, LLC					
	Firm/Company					
601 C	leveland Street, Suite 850					
	Address					
Clearv	water, FL 33755					
	City/State and Zip Code					
	e@csgfirst.com			TAL SE		
F	E-mail address: (to be used for future an	nual report not	tification)	2016 FEB SECRETA		
For fu	rther information concerning this matter	r, please call:		2888 2888 2888 2888 2888 2888 2888 288		
Mary S	Settle	727 at (461-2200	B 18 A		
	Name of Person		Area Code & Daytime Telep	phone Number		
	STREET/COURIER ADDRESS:	N	MAILING ADDRESS:	We wa		
	Registration Section		Registration Section			
	Division of Corporations	r	Division of Corporations			
	Clifton Building	P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	Т	Γallahassee, Florida 32314			
	Enclosed is a check for the followin	g amount:				
	□ \$25 Filing Fee	•	\$55 Filing Fee & Certified Copy	у		
INHS1	8 (2/14)					

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: CHURCHILL STA	ATESIDE	NC TAX	CREDIT FUND V, I	LLC		
2. (a	a)	601 Cleveland Street, Suite 850 Clearwater, FL	(b)	Same				
. ,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		05/28/2015		L1500009	93428			
3.		Date of filing/registration in Florida	4.		Document number			
5. ('a \	Keith J. Gloeckl						
5. (a)	(a)	Registered Agent and Registered Office shown on the records of the	e Florida D	ept. of State	- :			
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		-				
		601 Cleveland Street, Suite 850			-			
(b)		Clearwater, FL_	33755		-			
	b)	Corporation Service Company			_	ALLA ALLA	2016 F	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	<u>)ffice addr</u>	ess:		AHASS	8	
	1201 Hays Street					ထ	Ė	
		NEW Registered Office Address:			-		ΔÖ	
					-	HANNE BETT	بر ?5	
		Tallahassee , FL	32301		_	••		
the cager was	cha it v /we	mited liability company is not organized under the lawsing or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability.	he registo pility con the limit imited lia	ered office pany, it i ed liabilit	e and the business of s hereby confirmed y company or as of npany.	office of that the herwise	the reg change	istered (s)
Si	gnæl	ure of a number or authorized representative of a member			Printed or typed name	of signee	***************************************	
I he prov the to m	erel visi obl iere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ty reflect a change in the registered office address, I he	e to act i performan for in Ch ereby cor	n this cap ice of my iapter 602 ifirm that	acity. I further agr duties, and I am fai 5, F.S. Or, if this do the limited liability	ree to cor miliar wi ocument r compan	nply wi th and is being v has b	ith the accept g filed een
noti	notified	in writing of this change.	,,		Courtney Will	iams	,	
Ciar	atu	re of Registered Agent Corporation Service Company	BY:	:	Asst. Vice Pre	sident		