6/4/2018

Division of Corporations

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## LLC REGISTERED AGENT CHANGE CHURCHILL STATESIDE GROUP, LLC

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JUN 05 2018



## 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.

. Na . (a)	me of the limited liability company: CHURCHILL S 601 CLEVELAND STREET Suite 850		OP, ELC
. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  CLEARWATER, FL 33755	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	C SUMMAN ENCLOSES		
	06/22/2012	M1200	00003546
	Date of filing/registration in Florida	4.	Document number
(a)	CORPORATION SERVICE COMPANY		
(47	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	of State:
	Registered Office Address EMUST BE FLORIDA STREET 1201 HAYS STREET	TADDRESS)	<del></del>
	TALLAHASSEE, F	32301"	
(b)	Enter name of NEW Registered Agent and/or NEW Registere		
	Enter name of NEW Registered Agent and/or NEW Registers	ed Office address:	
	C T Corporation System		<del>~•••</del> •
	NEW Registered Office Address:		- G
	1200 South Pine Island Road		
	Plantation, F	7L 33324	4
e cha gent v as/we e arti	imited liability company is not organized under the hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the many of the street.	nws of the State of the registered liability compan s of the limited li ne limited liabilit	office and the business office of the registere y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	ture of a member or authorized representative of a member		Printed or typed name of signee
hered rovisi e obl mero stifte	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple igations of my position as registered agent as provid ily reflect a chauge in the registered affice address, I'm writing of this change.	gree to act in thi le performance o ded for in Chapto I hereby confirm	s canacity. I further agree to comply with th
	orporation Alfred	Younan	
មគឺអន្តអ	te of Registeretty/gent		~
	Assistant Division of Corporations FILING	. Box 6327 - Tal FEE: \$25.00	II Massee, FL 32314

By