## M1300000808

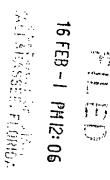
(Re	equestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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FEB 0 3 2016 Y SULKER January 27, 2016

## **VIA US MAIL**

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: CIV FUND IV GP, LLC

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Andres Blanco REGISTERED AGENT SOLUTIONS, INC. 1701 Directors Blvd., Suite 300 Austin, TX 78744

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	CIV FUND IV GP, LLC		
	Name	of Limited Lia	bility Company
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registered Offic	ce Change and f	ec(s) are submitted for filing.
Please re	eturn all correspondence concerning this	s matter to the fo	ollowing:
Andres	s Blanco		
	Name of Person		_
Regist	ered Agent Solutions, Inc.		
	Firm/Company		<del></del>
1701 [	Directors Blvd. Suite 300		_
	Address		_
Austin,	, TX 78744		
	City/State and Zip Code		•
orders	@rasi.com		
E-1	mail address: (to be used for future annu	ıal report notific	ation)
For furth	her information concerning this matter,	please call:	
Andres	s Blanco	888 at (	705-7274
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MA	ILING ADDRESS:
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Tall	ahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	2 \$25 Filing Fee	<b>□</b> \$55	5 Filing Fee & Certified Copy
INHS18	(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: CIV FUND IV	V GP, I	LLC				
<b>(,</b>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limit			
	5910 NORTH CENTRAL EXPRESSWAY		5910 NC	ORTH CENTRAI	L EXPRE	:ssw/	AY
	STE. 1625 DALLAS, TX 75206	<del></del>	STE. 16	25 DALLAS, TX	75206		
	12/23/2013		M130000	08081			
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document number	•	<del></del>	
5. (a)							
). ( <del>-</del> )	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of State	- 0:			
	C T CORPORATION SYSTEM						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>55)</u>	-			
	1200 SOUTH PINE ISLAND ROAD						
	PLANTATION	3332	4	•			
	PLANTATION ,F	<u></u>	· · · · · · · · · · · · · · · · · · ·	•			
(b)					37,		
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	ddress:	•		· 16	
						FEB	,
	Registered Agent Solutions, Inc.			_	SS:	1	* ***   //
	NEW Registered Office Address:				in <sup>i</sup> in-q		ۇ دەمەم
	155 Office Plaza Dr. Suite A			_	<u>ज</u> ्ञ	PH 12:	1 g
	Tallahassee	<sub>L</sub> 3230	1			306	3, 4, 5, 5,
		L		-	••		
If the l	imited liability company is not organized under the la	ws of th	ne State of Flo	orida, it is hereby c	onfirmed t	hat afte	r
ine cha agent v	ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I	i ine repliability	gistered office company, it is	s hereby confirmed	that the c	e regisi hange(s	ierea :)
was/w	ere authorized by an affirmative vote of the members.	of the li	imited liabilit	v company or as of	herwise pr	ovided	in
ine ani	cles of organization or the operating agreement of the		ohn Hammi				
Signa	ture of a member or authorized representative of a member		)	Printed or typed name	e of signee	_	
•	·	ree in i	et in this can		•	nlv with	the
provisi the obl to meri notifie	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, i d in writing of this change.	e perfor ed for in hereby	mance of my nance of my 1 Chapter 605 confirm that	delify. I juriner ugr duties, and I am fai 5, F.S. Or, if this do the limited liability	miliar with ocument is company	and actions being being being being being been been been been been been been be	rine Scept Nied Sn
-V	allem har Jaclyn Wright,	Asst. S	ecretary				
Signatu	re of Registered Agent						

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