## FULCOCO394

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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RAROCHE

OCT 1 0 2016 I ALBRITTON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscqlobal.com

Date: September 30, 2016

Order#: 296677-266

Re: ARC FREEDOM SQUARE MANAGEMENT, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ci	hange is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of Tennesse egistered agent, or both, in the State of Florida.	
1. The name o	f the corporation: ARC FREEDOM S	QUARE MANAGEMENT, INC.	
• •	al office address: WOOD PLACE SUITE 400 BRENTY	VOOD TN 37027	
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 01/20/2006	Document number: F06000000396	
	nd street address of the current registed partment of State: (If resigned, enter re-	ered agent and registered office on file with the esigned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		2016 SCT -
	PLANTATION	FL 33324	
6. The name a (if changed)	):	d agent (if changed) and /or registered office	L AMILES
	Corporation Service Company		$\frac{3}{2}$
	1201 Hays Street		
	P.O. Bo Tallahassee	x NOT acceptable  FL 32301	
		treet address of the business office of its registere	
Such change vauthorized by		opted by its board of directors or by an officer so notified in writing of the change.	
X	xie E. agni	Jill Cilmi, Vice President	
( _	attre of an officer or director	Printed or typed name and title	
I further agre performance of agent. Or, if the hereby confir	of my duties, and I am familiar with a	l statutes relative to the proper and complete and accept the obligation of my position as regist o reflect a change in the registered office address	ered , I
By:	Mrs Colubba	09/30/2016	
	fignature of Registered Agent	Date	
It signing on b	behalf of an entity:		
Grace E. Kirb	y, Assistant Vice President  Typed or Printed Name		
	ryoca di Franca Name		

\* \* \* FILING FEE: \$35.00 \* \* \*