L15000 151776

| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

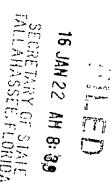
Office Use Only





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JAN 25 2016 J SHIVERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: January 20, 2016

Order#: 954946/125

Re: FC ENCORE BRANDON, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

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

Wilmington, DE 19808

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

INCA.XCOA

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. N | ame of the limited liability company: FC ENCORE B | RANDON, L | rc |
|------------------------------------|--|--|--|
| 2. (a) |) 3500 Lenox Road, NE, Suite 510 (b) 500 Lenox Road, NE | | 500 Lenox Road, NE, Suite 510 |
| (-7 | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Atlanta, GA 30326 | <u>A</u> | Atlanta, GA 30326 |
| | 09/03/2015 | | 15000151336 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | C T Corporation System | | |
| J. (u) | Registered Agent and Registered Office shown on the records of | the Florida Dep | pt. of State: |
| | 1200 South Pine Island Road | | |
| | Registered Office Address (MUST BE FLORIDA STREET. | ADDRESS) | |
| | | | |
| | | | |
| | Plantation, FI | 33324 | |
| | | | ~ |
| (b) | | · · · · · · · · · · · · · · · · · · · | ASS - |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office address | |
| | | | HE A |
| | 1201 Hays Street | ···· | \$50 22 main |
| | NEW Registered Office Address: | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | S FAI |
| | Tallahassee FL | 32301 | DA DA |
| the chagent was/w | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the organization or the operating agreement of the | f the registere ability comp of the limited limited liabi | ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company. |
| Cian | Signature of a member or authorized representative of a member | | Printed or typed name of signee |
| I here provis the obto men notifie | the property of a member of authorized tepresentative of a member and agricors of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change. Corporation Service Company of Registered Agent | performance d for in Chaj | this capacity. I further agree to comply with the |
| _ | Elizabeth A. Dawson, Asst. Vice President | | |

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

INHS18 (2/14)