5/14/2020

Division of Corporations

## vision of Corpo

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(((H200001435163)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

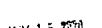
## LLC REGISTERED AGENT CHANGE FC ENCORE CAPE CORAL, LLC

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## 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

1. Na	me of the limited liability company:  FC Encore Cape Company:	oral, LLC		
2. (a)	3500 Lenox Road, NE	(b) 3500 Lenox Road, NE		
±. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)	
	Suite 510	Suit	e 510	
	Atlanta, GA 30326	Atla	onta, GA 30326	
	09/03/2015	L15000151343		
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Corporation Service Company			
J. (u)	Registered Agent and Registered Office shown on the records of the	he Florida Dept	of State:	
	1201 Hays St			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2020 MAY 14	
	Tallahassee, FL_	32301	Latings in the latest in the l	
(b)	C T Corporation System		- 1	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	9: 12	
	1200 South Pine Island Road		ä. D	
	NEW Registered Office Address:			
	Plantation, FL	33324	<del></del>	
the cha agent was/w	imited 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 lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registere ability compa of the limited limited liabi	a office and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.	
	/ Patricia Belanger	Patricia I	3elanger, Secretary  Printed or typed name of signee	
I here provis the ob to mer notific	nture of a member or authorized representative of a member  why accept the appointment as registered agent and agrifions of all statutes relative to the proper and complete ligations of my position as registered agent as provide why reflect a change in the registered office address, 1 for a writing of this change.  Is Michele Holden, Asst Sect	ree to act in i performanc of for in Cha hereby confi	bis surveity I forther name to comply with the	
By: Signat	ure of Registered Agent			