5/14/2020

Division of Corporations

## Florida Department of State Division of Corporations Electronic Filing Cover Short

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To:

Division of Corporations

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

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J HAY 14 PM 3: L

LLC REGISTERED AGENT CHANGE
FC ENCORE DUNEDIN, 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 Florida.

I. Na	me of the limited liability company: FC Encore Dunedi	n. LLC			
2. (a) 3500 Lenox Road, NE			(b) 3500 Lenox Road, NE		
(0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		:	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Suite 510		Suite 510		
	Atlanta, GA 30326 Atlanta, GA		A 30326		
	09/03/2015		L150001510	554	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Corporation Service Company				
	Registered Agent and Registered Office shown on the records of t 1201 Hays St  Registered Office Address (MUST BE FLORIDA STREET A			e: -	
	Tullahassee, FL	32301		2020 HAY SECALLARD	
(b)	C T Corporation System			HAY 14 A	
(0)	inter name of NEW Registered Agent and/or NEW Registered Office address:				
	1200 South Pine Island Road				
	NEW Registered Office Address:	2			
	Plantation, FL	33324			
the chagent	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 lice ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability co of the lin	stered offic ompany, it nited liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in	
/s/ Patricia Belanger			ricia Belango	Printed or typed name of signee	
I here provis the ob- to mei	ature of a member or authorized representative of a member  thy accept the appointment as registered agent and agri- tions 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 led in writing of this change.  is/ Michele Holden, Asst Sect	ree to ac perforn d för in hereby c	t in this cap nance of my Chapter 60 onfirm that	waster I further goree to comply with the	
-	ure of Registered Agent				
				DI 30344	