## L15000 151 6ff

| (Re                                     | questor's Name)   | ,           |  |  |  |  |
|---|-------------------|-------------|--|--|--|--|
| (Address)                               |                   |             |  |  |  |  |
| (Address)                               |                   |             |  |  |  |  |
| (Cit                                    | ry/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



700280069587

01/25/16--01005--004 \*\*25.00



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#: 954946/079

Re: FC ENCORE ST. CLOUD, 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.  | Na    | me of the limited liability company: FC ENCORE ST.   | Name of the limited liability company: FC ENCORE ST. CLOUD, LLC |                |   |  |  |
|---|-------|--|---|----------------|---|--|--|
| 2.  | (a)   | 3500 Lenox Road, NE, Suite 510   | (b)   | <del></del>    | nox Road, NE, Suite 510   |  |  |
|   |       | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)                                   |   | N              | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |  |  |
|   |       | Atlanta, GA 30326  |   | Atlanta, G     |   |  |  |
|   |       | Aliania, GA 30320  |   | Alianta, C     | 5A 30320  |  |  |
|   |       |  |   |                |   |  |  |
|   |       | 00/00/2015   |   | 1.4500045      | 4000  |  |  |
| 3.  |       | 09/03/2015  Date of filing/registration in Florida   | 4.  | L1500015       | Document number   |  |  |
|   |       | • •  |   | •              |   |  |  |
| 5.  | (a)   | C T Corporation System  Registered Agent and Registered Office shown on the records of the                               | Florida I   | Dept. of State | »   |  |  |
|   |       | 1200 South Pine Island Road  |   |                |   |  |  |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |       |  |   |                |   |  |  |
|   |       |  |   |                |   |  |  |
|   |       |  |   | ·····          |   |  |  |
|   |       | Plantation ,FL   | 33324   | <del></del> .  | A   |  |  |
|   | (L)   | Corporation Service Company  |   |                | <u> </u>  |  |  |
|   | (b) . | Enter name of NEW Registered Agent and/or NEW Registered O   | ffice addi  | ess:           | AR A  |  |  |
|   |       |  |   |                | 16 JAN 22<br>LCRETARY<br>LAHASSE  |  |  |
|   |       | 1201 Hays Street   |   |                |   |  |  |
|   |       | <u>NEW</u> Registered Office Address:  |   |                | 79 3 77   |  |  |
|   |       |  |   |                | SIAIE<br>LORIDA   |  |  |
|   |       | •  |   |                | 02 <b>66</b>  |  |  |
|   |       | Tallahassee , FL   | 32301   |                |   |  |  |
| If t  | he li | mited liability company is not organized under the laws  | of the S  | State of Flo   | orida it is hereby confirmed that after                                       |  |  |
| the   | char  | nge or changes are made, the Florida street address of th  | ie regist   | ered office    | and the business office of the registered                                     |  |  |
|   |       | rill be identical. Or, in the case of a Florida limited liab<br>re authorized by an affirmative vote of the members of t |   |                |   |  |  |
|   |       | cles of organization or the operating agreement of the lin   |   |                |   |  |  |
|   |       | ()06   | Dona  | Priebe, Au     | uthorized Person  |  |  |
|   | -     | of a member or authorized representative of a member   |   |                | Printed or typed name of signee   |  |  |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  Corporation Service Company |       |  |   |                |   |  |  |
| -   | •     | cof Registered Agent   |   |                |   |  |  |
| By: Elizabeth A. Dawson, Asst. Vice President Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  |       |  |   |                |   |  |  |

FILING FEE: \$25.00