Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)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 ORLANDO, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 02 |
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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.

| . Na | me of the limited liability company: FC Encore Orland | o, LLC | | |
|---|--|-------------------------------|--|--|
| 2. (a) | 3500 Lenox Road, NE | (| (b) 3500 Lenox Road, NE | |
| (u) , | 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, G | A 30326 |
| | 09/03/2015 | | L150001516 | 599 |
| 3. | Date of filing/registration in Florida | 4. | <u></u> | Document number |
| 5. (a) | Corporation Service Company | | | |
| , (u) | Registered Agent and Registered Office shown on the records of t 1201 Hays St | | <u> </u> | - |
| | Registered Office Address (MUST BE FLORIDA STREET) | DDRES | <u>SS)</u> | |
| | Tallahassec, FL | 32301 | | 2920 HAY 14 |
| (b) | C T Corporation System | | | HAY 14 |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office n | ddr <u>ess</u> : | |
| | 1200 South Pine Island Road | | | · · · · · · · |
| | NEW Registered Office Address: | | | Er E |
| | Plantation, FL | 33324 | | - |
| the cha agent v | imited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the | the regability of the limited | company, it inited liability controls in the control in the co | is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. |
| | / Patricia Belanger | Pa | tricia Belange | Printed or typed name of signee |
| I here provis the ob to mer notifie | by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. /s/ Michele Holden, Asst Sect | | | pacity. I further agree to comply with the |
| By: Signati | are of Registered Agent | | | |
| U | - - | | | |