Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C I 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 CRESTVIEW, LLC

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Corporate Filing Menu

Help

HAY 15 3700

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.

l. No	me of the limited liability company: FC Encore Crestvic	ew. LL0		
2. (a)	3500 Lenox Road, NE	(l	o) <u>3500 Lenc</u>	ox Road, NE
(a)	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		L150001513	701
3.	Date of filing/registration in Florida Corporation Service Company	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the 1201 Hays St	he Floric	la Dept. of Stat	- e.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2020 HAY 14 Secretarias Sali ahass	
	Tallahassee, FL_	32301		HAY I 4 AH 9: 1
(b)	C.T Corporation System			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	1200 South Pine Island Road			<u> </u>
	NEW Registered Office Address:		<u> </u>	_
	Plantation, FL_	33324		- -
the ch agent 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 lia tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reg ibility of if the li limited	pstered office company, it mited liabili I liability co	is hereby confirmed that the change(s) ty company or as otherwise provided in impany.
	s/ Patricia Belanger	Pa	tricia Belange	
I here provi. the ob- to me	ature of a member or authorized representative of a member thy accept the appointment as registered agent and agricions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I head in writing of this change. /s/ Michele Holden, Asst Sect	ree to a perfor d for it hereby	ct in this cap mance of my 1 Chapter 60 confirm that	Printed or typed name of signee nacity. I further agree to comply with the duries, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
	ure of Registered Agent			