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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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

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## LLC REGISTERED AGENT CHANGE FC ENCORE VENICE, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\xi$

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.

FC Encore Venice, LLC

L. Na	nme of the limited liability company: FC Encore Veni	ce, Ll.C		
2. (a)	3500 Lenox Road, NE	(	(b) 3500 Lenox Road, NE	
z. ray	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAYRE POST OFFICE BOX)
	Suite 510		Suite 510	
	Atlanta, GA 30326		Atlanta, G	A 30326
	09/03/2015		L150001517	706
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Corporation Service Company			
J. 1d)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1201 Hays St		2020 MAY 18	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Tallahassee	L_32301		
(b)	C T Corporation System			Pil 12: 0
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	1200 South Pine Island Road			_
	NEW Registered Office Address:	-		_
	Plantation	FL_33324		<del>-</del> -
the chagent	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of t	of the re liability s of the l	gistered offic company, it i imited liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in
	s/ Patricia Belanger	P:	atricia Belango	
	ature of a member or authorized representative of a member			Printed or typed name of signee
provi the ol to me	eby accept the appointment as registered agent and c sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change. /s/ Michele Holden, Asst Sect	igree to o Sie perfoi ided for i I hereby	act in this cap rmance of my in Chapter 60 confirm that	oacity. 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
Signa	nne of Registered Agent			
	$\mathbf{p}(x) = \mathbf{c}(\mathbf{c})$ where $\mathbf{p}(\mathbf{c})$	) Day 63	17 Tallaha	secon El 3231.1