L15000451712

| (Requestor's Name) | | | | | |
|---|----------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| <u></u> | WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



000280633290

01/25/16--01022--027 **25.00



JAN 26 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#: 954946/047

Re: FC ENCORE NAPLES, 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

| 1. | Na | me of the limited liability company: FC ENCORE NA | PLES, I | LC | |
|--|--|---|---|--|--|
| 2. | (a) | 3500 Lenox Road, NE, Suite 510 Principal office address of limited liability company: | _ (b) | | nox Road, NE, Suite 510 Mailing address of limited liability company: |
| | | (Note: MUST BE STREET ADDRESS) | | | (Note: MAY BE POST OFFICE BOX) |
| | | Atlanta, GA 30326 | _ | Atlanta, C | GA 30326 |
| | | 09/04/2015 | | L1500015 | 61712 |
| 3. | | Date of filing/registration in Florida | 4. | | Document number |
| 5. | (a) | C T Corporation System | | | |
| | (-7 | Registered Agent and Registered Office shown on the records of the | e Florida | Dept. of State | u |
| 1200 South Pine Island Road | | | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | | | | | gan staren |
| | | | | | SE(|
| | | Plantation , FL | 33324 | | |
| | | 0. 1. 0. 1. 0 | | | 25 N |
| | (b) | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered O | office add | | SS ON PROPERTY. |
| | | Enter hame of NEW Registered Agent and of NEW Registered of | Thee add | 1435. | SEE A TO |
| | | 1201 Hays Street | | | |
| | | NEW Registered Office Address: | | | |
| | | | | | 3> |
| | | | | | |
| | | Tallahassee ,FL | 32301 | | |
| th ag wa | e cha ent v as/we | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab- tere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he regist bility con the limi mited li | tered office mpany, it is ted liability ability com | and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany. |
| _ | Signal | at of a member or authorized representative of a member | Dona | Priebe, A | Printed or typed name of signee |
| I pr th to no | herel ovisi e obl mere stified | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I held in writing of this change. Corporation Service Company | e to act erforma for in C ereby co | in this capa nce of my d hapter 605 nfirm that | acity. I further garee to comply with the |
| | | izabeth A. Dawson, Asst. Vice President | | | |

INH\$18 (2/14)