5/14/2020

Division of Corporations

Florida Department of State Division of Corporations

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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

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LLC REGISTERED AGENT CHANGE FC ENCORE TALLAHASSEE I, LLC

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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.

ì. Na	me of the limited liability company: FC Encore Tallah	assec I, L	I.C		
2. (a)	3500 Lenox Road, NE	(b) 3500 Lenox Road, NE			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5	1	Mailing address of limited liab (Note: MAY RE POST OF	
	Suite 510	_	Suite 510		
	Atlanta, GA 30326		Atlanta, G	A 30326	
	09/04/2015		L150001511	720	
3.	Date of filing/registration in Florida	4.		Document number	·
5. (a)	Corporation Service Company				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	e:	
	1201 Hays St			_	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
				- 5.	2828 HAY
	Tallahassec FI	32301			
(b)	C T Corporation System			55844817	<u>-</u>
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			E E	
	1200 South Pine Island Road			ر بر ارتی رس	9.
	NEW Registered Office Address:				Ç.
	Plantation , Fl	L 33324			
the ch agent	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited ly ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	i the regi iability c of the lin e limited	ompany, it nited liabili liability co	is hereby confirmed that ity company or as otherw mpany.	the change(s)
	s/ Patricia Belanger	Patr	ricia Belange	er, Secretary Printed or typed name of si	ionee
I here provis the ob- to me notifie	ature of a member or authorized representative of a member selby accept the appointment as registered agent and agions of all statutes relative to the proper and completilizations of my position as registered agent as providing a change in the registered office address, led in writing of this change. /s/ Michele Holden, Asst Sect	gree to ac e perform ed for in I hereby c	t in this ca jance of my Chapter 60 confirm tha		
By: Signat	ture of Registered Agent				
-					