5/14/2020

Division of Corporations

Department of S

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T 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 BROOKSVILLE II, LLC

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HAY 15 2000

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.

1.	Na	me of the limited liability company: FC Encore Brooks	ville II,	LLC	
າ .	(a)	3500 Lenox Road, NE	1	3500 Len o:	x Road, NE
	,	Principal office address of limited liability company: (Note: MUST BE STREET (DDRESS)	_ `	3	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Suite 510		Suite 510	
		Allanta, GA 30326		Atlanta, G.	X 30326
		09/04/2015		L150001517	30
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Corporation Service Company			
	(Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1201 Hays St. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		Tallahassee F1.	32301		2020 HAY 14
	(b)	C'T Corporation System			AY - II
	(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress'	20 F
		(200 South Pine Island Road			MAY 14 AH 9: 0
		NEW Registered Office Address.			
		Plantation, F1	33324		-
the ag	ent ent	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liner authorized by an affirmative vote of the members of organization or the operating agreement of the	the reg ability of the li	gistered office company, it i imited liabilit	s hereby confirmed that the change(s) y company or as otherwise provided in
	/5	/ Patricia Belanger	P.	uricia Belange	r, Secretary Printed or typed name of signee
I pr	here ovis e ob mer stifte	uture of a member or authorized representative of a member thy accept the appointment as registered agent and ay ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I od in writing of this change. /s/ Michele Holden, Asst Sect	rce to c perfor ed for u hereby	net in this cap mance of my n Chapter 60, confirm that	main I timber owner to comply with the
S	gnat	ure of Registered Agent			