5/14/2020

Division of Corporations

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Division of Corporations

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Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

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LLC REGISTERED AGENT CHANGE FC ENCORE TITUSVILLE, LLC

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MAY 15 1920

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.

Na	me of the limited liability company: FC Encore Titusvi	lle, LLC			
(a)	3500 Lenox Road, NE	(b) 3500 Lenox Road, NE			
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS	
	Suite 510	_	Suite 510		
	Atlanta, GA 30326	_	Atlanta, G.	A 30326	
	09/04/2015		L150001517	734	
•	Date of filing/registration in Florida	4.		Document number	
. (a)	Corporation Service Company				
. (a)	Registered Agent and Registered Office shown on the records of t	the Florida	a Dept. of Stat	ie:	
	1201 Hays St		_		
	Registered Office Address	IDDIKES.	<u>u</u>	<u></u>	2020 HA Y
(b)	Tallahassec, FL	32301		- 2 - 2 - 3,	AY IL
	C T Corporation System			رر الله الله الله	Term
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:	 	un u
	1200 South Pine Island Road			,c	CD CD
	NEW Registered Office Address:			-	
	Plantation	33324		_	
	Flantation , FL			_	
he ch igent 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 li- ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reg ability c of the lir limited	ompany, it nited liabili liability con	is hereby confirmed ity company or as ot mpany.	i that the change(s)
	s/ Patricia Belanger	Pat	ricia Belange	<u> </u>	
I here provis he ob o mei notifie	ature of a member or authorized representative of a member by accept the appointment as registered agent and age 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 ed in writing of this change. /s/ Michele Holden, Asst Sect	ree to ac perform d for in hereby (et in this cap nance of my Chapter 60 confirm that	Printed or typed name pacity. I further aggiven duties, and I am fa 15. F.S. Or, if this detailed the limited liability	ree to comply with the
By:	ed in writing of this change.	hereby (confirm that	í the limited liability	compa