110200000079

| (Requestor's Name) | | | | |
|---|------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT | MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Stat | us | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



000280744580

01/29/16--01019--003 **25.00

2016 JAN 29 AH II: 18

K. SALY EXAMINER

FEB - 2



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 27, 2016

Order#: 956089-011

Re: FORMATION CAPITAL ASSET MANAGEMENT, 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 Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.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 Florida.

| 1. | Na | me of the limited liability company: FORMATION CA | PITAL A | SSET MANA | AGEMENT, LLC |
|--|--|---|---|--|---|
| 2. | (a) | 3500 Lenox Road, NE, Suite 510 | (b) | 3500 Len | ox Road, NE, Suite 510 |
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | illing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | | | | |
| | | Atlanta, GA 30326 | | Atlanta, GA | 130320 |
| | | | | | |
| | | | | | |
| 2 | | 01/07/2002 Date of filing/registration in Florida | 4. | M02000000 | 0079 Occument number |
| 3. | | Date of filligregistration in Florida | 4. | D | ocument number |
| 5. | (a) | C T Corporation System | | | |
| | | Registered Agent and Registered Office shown on the records of the | e Florida I | Dept. of State: | |
| | | 1200 South Pine Island Road | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | 7 2 | |
| | | | | | |
| | | | 00004 | | 2016 JAN 29 |
| | | Plantation , FL_ | 33324 | | 752 |
| | (L) | Corporation Service Company | | | |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered O | ffice addi | ess: | |
| | | | | | FOR BUTTON |
| | | 1201 Hays Street | | | 東の 🍎 |
| | | NEW Registered Office Address: | | | |
| | | | | | |
| | • | | | | |
| | | Tallahassee , FL | 32301 | | |
| ĭf | the li | imited liability company is not organized under the laws | of the S | State of Flori | ida it is hereby confirmed that after |
| th | e cha | nge or changes are made, the Florida street address of the | he regist | ered office a | and the business office of the registered |
| ag | ent v | vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of | oility con | npany, it is h | nereby confirmed that the change(s) |
| | | cles of organization or the operating agreement of the li | | | |
| | | 726 | Dona | Priebe, Aut | horized Person |
| _ | Signa | of a member or authorized representative of a member | | P | Printed or typed name of signee |
| I pr th to no | herei ovisi e obl mere otified | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change. Corporation Service Company | e to act i erforma for in Ci ereby coi | n this capac nce of my du hapter 605, nfirm that th | ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been |
| | | reof Registered Agent | | | |
| B | y. El | lizabeth A. Dawson, Asst. Vice President Division of Corporations P.O. Bo | ox 6327 | Tallahasse | ee, FL 32314 |

FILING FEE: \$25.00

BVHS18 (2/14)