## MHOWAS33

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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: December 10, 2015

Order#: 892971-014

Re: ECLIPSE DECATHLON RE LARGO, LLC

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$25\_\_\_.

Please take the following action:

XXFile in your office on a routine basis.

XX Issue Proof of Filing.

Please return evidence to the following: XX

Attn: Janis M. Smith

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: <u>ECLIPSE DECA</u>	THLON	RE LARGO	), LLC
2. (a	a)	3820 Mansell Road, Suite 280	_ (b)	3820 M	lansell Road, Suite 280
`	, .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	N	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Alpharetta, GA 30022	_	Alpharett	a, GA 30022
2		04/25/2014	-	M140000	
3.		Date of filing/registration in Florida	4.		Document number
5. (	(a)	C T Corporation System			<del>-</del>
		Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	<b>3:</b>
		1200 South Pine Island Road			_
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
					50 <b>2</b>
		Plantation , FL_	33324		MIS DEC 14 - SECRETARY E
(b)	<b>L</b> \	Corporation Service Company			ASSE
	(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	ress:	E P
			,		FE CO
		1201 Hays Street			. 20
		NEW Registered Office Address:			
		Tellahassa	00004		•
		Tallahassee , FL	32301	<del></del>	•
the dager	cha it w we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co the limi	tered office mpany, it is ted liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		()26	Don	a Priebe, A	uthorized Person
Sig	gnat	d-of a member or authorized representative of a member			Printed or typed name of signce
prov the c	risi obli ere	by accept the appointment as registered agent and agreens 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 had in writing of this change.  Corporation Scrvice Company	ee to act performa for in C ereby co	in this capt ince of my thapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
-		reol Registered Agent			
By:	Εl	izabeth A. Dawson, Asst. Vice President			

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)