M14000002835

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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12/14/15--01038--016 **25.00

2015 DEC 14 PH 3: 44

DEC 1 5 2015 J. HARRIS



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#: 892971-051

Re: ECLIPSE OPIS RE COQUINA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: 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. N	lame of the limited liability company: <u>ECLIPSE OPIS</u>	RE COC	UINA, LLC					
2. (a)	3820 Mansell Road, Suite 280		(b) 3820 Mansell Road, Suite 280					
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(~.	· ———	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Alpharetta, GA 30022		Alpharett	ta, GA 30022				
	04/25/2014		M140000	02835				
3.	Date of filing/registration in Florida	4.		Document number				
F (-	C.T.Corporation System							
5. (a	C T Corporation System Registered Agent and Registered Office shown on the records of	the Florida	Dept_of State	_ e·				
	Registered Agent and Registered Office shown on the records of	ine i iorida	Dept. of blace	•.				
	1200 South Pine Island Road			_				
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	!					
	•							
	Plantation, FI	33324						
				1 (SOF-4				
(b	Corporation Service Company			Di marini				
(0	Enter name of NEW Registered Agent and/or NEW Registered	l Office ado	lress:	- (n ? - mare)				
			- 	region) in the second of the s				
	1201 Hove Street							
	1201 Hays Street			DEC 14 PH 3: 44 AHASSEC FLORIDA				
	NEW Registered Office Address:			er e				
				_ ,* *				
	Tallahassee , FI	32301		_				
the cl agent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registability control of the limited l	tered office mpany, it is ited liability lability con	e and the business office of the registere is hereby confirmed that the change(s) by company or as otherwise provided in				
Sign	nature of a member or authorized representative of a member			Printed or typed name of signee				
provi the or to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change. Corporation Service Company	performa d for in C hereby co	in this cape ince of my l hapter 605 infirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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	Alpharetta, GA 30022						
		 -					
	04/25/2014		M1400000			_	
	Date of filing/registration in Florida	4.	J	Document num	iber		
i. (a)	C T Corporation System						
. (-)	Registered Agent and Registered Office shown on the records of	the Florida I	Pept. of State:				
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)					
	.						
	Plantation , FL	, 33324			AL LAN	2015 DE	CELULAR A
(b)	Corporation Service Company				S		apartarion. Espain
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:		517	1	ļ
							17
	1201 Hays Street				08807 7.5157	ယ	•
•	NEW Registered Office Address:					14	
	Tallahassee FI	, 32301					
	,				_		_
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	() 26 2	Dona	Priebe, Au	thorized Perso	n		
Signa	turn of a member or authorized representative of a member	·		Printed or typed r	name of sign	ee	
I here	by accept the appointment as registered agent and aggions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act i	n this capa ice of my d	city. I further luties, and I am	agree to c I familiar	omply with a	with the

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

INHS18 (2/14)

By: Elizabeth A. Dawson, Asst. Vice President