M1400000 2 F 6 S

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL .		
(Business Entity Name)				
(Docu	ment Number)		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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FEB 0 8 2016 J SHIVERS



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: February 3, 2016

Order#: 980535-033

Re: ECLIPSE DECATHLON MASTER LANDLORD, 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. Na	me of the limited liability company: <u>ECLIPSE DECA</u>	THLON	MASTER L	ANDLORD, LLC
2 (a)	3500 Lenox Road, NE, Suite 510	(b)	3500 Le	enox Road, NE, Suite 510
2. (u)	Principal office address of limited liability company:	_ (0)		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	Atlanta, GA 30326		Atlanta, G	SA 30326
		_	, ruarita, c	
	04/25/2014	_	M1400000	02869
3.	Date of filing/registration in Florida	4.		Document number
5 (a)	C T Corporation System			
5. (a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept of State	•
		ic i fortul	sept. of but.	•
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRESS)</u>		
				Pro
	Plantation , FL	33324		- En 6
				全流 用 2.5
(b)	Corporation Service Company		 	HASS - WAS -
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:	S 50 mm
	1201 Hays Street			CO (1980)
	NEW Registered Office Address:			AH 8: 24 OF STATE E. FLORIDA
	Tallahassee, FL_	32301		
the cha agent was/w	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he regist bility cor the limi	ered office npany, it is ted liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
	1)26	Dona	Priebe, A	uthorized Person
Signa	turn of a member or authorized representative of a member			Printed or typed name of signee
the obito mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had d in writing of this change. Corporation Service Company The of Registered Agent Lizabeth A. Dawson, Asst. Vice President	e to act performa for in C ereby co	in this cape nce of my c hapter 605 nfirm that i	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

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

INHS18 (2/14)