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(Address)					
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(Document Number)					
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12/14/15--01051--021 **25.00

DEC 15 2015 S. YOUNG

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.	Name of the limited liability company: ECLIPSE DECATHLON RE COUNTRYSIDE, LLC				
2	(a)	3820 Mansell Road, Suite 280	(b)	3820 Mansell Road, Suite 280	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Alpharetta, GA 30022	_	Alpharetta, GA 30022	
		04/25/2014		M14000002907	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	C T Corporation System Registered Agent and Registered Office shown on the records of the state	he Florida	Pent of State:	
			iio i kontaa	Dept. of State:	
		1200 South Pine Island Road	D D D C C C C		
		Registered Office Address (MUST BE FLORIDA STREET A	(DDKESS)		
				<u> </u>	
		Plantation, FL	33324		
(b) Corporation Service Company					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	
		1201 Hays Street			
		NEW Registered Office Address:	•		
					
		Tallahassee Fi.	32301		
th ag w	e cha gent v as/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co f the limi	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in	
		(126 -	Dona	a Priebe, Authorized Person	
_	Signa	ure of a member or authorized representative of a member		Printed or typed name of signee	
pr th	ovisi e obi	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete in the proper and complete it gations of my position as registered agent as provided by reflect a change in the registered office address, I had not been applied to this change. Corporation Service Company	ee to act performa d for in C nereby co	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept chapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been	
		re of Registered Agent			

By: Elizabeth A. Dawson, Asst. Vice President
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)



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#: 892971-010

Re: ECLIPSE DECATHLON RE COUNTRYSIDE, 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

SECRETARY OF STATE STATE AND AN ANNEASTER, ELORIDA