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To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number

: (850)878-5368

rWEnterathe email address for this business entity to be used for futu∰ -annual report mailings. Enter only one email address please. **

REGISTERED AGENT CHANGE SAVILLS STUDLEY, INC.

Certificate of Status	0
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COVER LETTER

TO: Amenda Division	ment Section n of Corporations	
SUBJECT:	SAVILLS STUDLEY, INC. Name of C	Corporation
DOCUMENT I	NUMBER: 820595	
The enclosed St	atement of Change of Registered Offic	ce/Agent and fee are submitted for filing.
Please return all	correspondence concerning this matte	er to the following:
	Tammy Tofteroo Name of Co	ontact Person
	C T Corporation System Firm/C	ompany
	3 Winners Circle Suite 3	01 Iress
	Albany, NY 12205 City/State a	nd Zip Code
	CLS-CTAssuranceTeam(E-mail address: (to be used for	@wolterskluwer.com future annual report notification)
For further info	rmation concerning this matter, please	
	ammy Tofteroo Name of Contact Person	at (844) 447-4098 Area Code & Daytime Telephone Number
	5.00 check made payable to the Depar	•
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	hange is submitted	for a corporation organi	2, 607.1508, or 617.1508, Floriac ized under the laws of the State of red agent, or both, in the State of	f New York	.		
	_			7,07,000.			
	. The name of the corporation: SAVILLS STUDLEY, INC. The principal office address: 399 PARK AVENUE, 11TH FLOOR NEW YORK, NY 10022						
3. The mailing	g address (if differe			•			
4. Date of inco	orporation/qualific	ation; 07/20/1967	Document number: 8205	95			
		of the current registered as If resigned, enter resigned	gent and registered office on file of the distance of the dist	with the			
	CORPORATIO	ON SERVICE COMPANY		_			
	1201 HAYS S	TREET		_			
	TALLAHASS	EE, FL 32301-2525	<u> </u>				
6. The name a (if changed)		of the new registered agen	t (if changed) and /or registered of	office			
	C T Corporation	System		T. S.			
	c/o C T Corpora	tion System, 1200 South Pi	ne Island Road	C C	30 SE		
	P.O. Box NOT acceptable Plantation, Florida 33324		ASS.				
				- 1.34 1.04	2		
			ddress of the business office of				
Such change authorized by	was authorized by the board, or the	resolution duly adopted corporation has been not	by its board of directors or by a filed in writing of the change.	n officer so	30		
Tanny To	ofteroo ature of an officer or dire		Tammy Tofteroo, Vice President				
I hereby acce I further agre performance agent. Or, if hereby confir V.C.T. C	pt the appointmen e to comply with the of my dulies, and in this document is be that the corpora apporation Systems	t as registered agent and he provisions of all statu I am familiar with and ac eing filed merely to refle ution has been notified in	Printed or typed name and to agree to act in this capacity, tes relative to the proper and concept the obligation of my position of a change in the registered off writing of this change.	mplete on as registered			
By: / (*****) -	Signature of Registered A		12/10/2015				
	behalf of an entity	Kimberly Stellmatz					
Kim	berly Steinmetz	VICE President & Authorit Secretary					
	Typed or Printed Name	* * * FILTNC FFE	r. \$35 AA * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)