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(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:

Office Use Only



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1./ NOV -1 AM 7: 25



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 23, 2017

Order#: 872417-159

Re: PROGRESS RESIDENTIAL, L.P.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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.

OUCA.XCOA

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PF	ROGRESS RESIDEN	ITIAL FL	ORIDA, LI	>	
Name	of Limited Partnership or Limite	ed Liability l	Limited Partners	hip	
2. 03/1	8/2016	3.	B16000	000059	
Date of filing/re	gistration in Florida		Florida docum	ient number	
4. The name of the regis Department of State:	tered agent and the registered of	fice address	as shown on the	records of the Florida	
	C T Corporation	n System			
	1200 South Pine	Island Ro	ad		
_	· Address	s			
	Plantation, FL 33324			ļ	
	City, State ar	nd Zip			
5. The name and Florida	street address of the new registe	ered agent an	d/or office:		
	Corporation Service	e Compa	iny		
	Name				
	1201 Hays S	Street			ĺ
	Florida street address (P.O.	Box not acc	eptable)		İ
_	Tallahassee	FI	32301	_ ,	
	City, State ar	nd Zip		17! ຂອງ 17!	
6. Such/change(s) is/are	effective when filed by the Flori	da Departme	ent of State.	NOV NAME OF THE PROPERTY OF TH	
Xie 0	Cour			ASS 二	11. 12.00 (1
Signature of General Part	ner Jill Cilmi, Authorized Persor	n on behalf of	f Progress Reside	ential Hold Partners A Gr	
	General Partner ntment as registered agent and c as of all statutes relative to the p	agree to act	in this capacity.	I further tigree to	ţ
and I am familiar with an Corporation	accept the obligations of my po Service Company			VON.	
By: Signature of Registered A	gent				
	Ami M. Casper, Asst.	Vice Preside	nt		
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50