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REGISTERED AGENT CHANGE FOREST PROPERTIES MANAGEMENT, INC.

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

siatement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is submitted for a corporation organized under the laws of the State of Massac	
	der to change Its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: FOREST PROPERTIES MANAGEMENT, INC.	
2. The principal	office address: 19-33 Needham Street, Newton, MA 02161	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 06/22/2004 Document number: F04000003526	
5. The name and Florida Depar	nd street address of the current registered agent and registered office on file with the ortment of State:	
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	ي
6: The name and (if changed):	nd street address of the new registered agent (if changed) and for registered office	JUN 30 AM
	Corporation Service Company	
	1201 Hays Street	8: 10
	(P.O. Box NOT acceptable)	0
	Tallahassee, FL 32301	
The street address changed will	ress of its registered office and the street address of the business office of its registed be identical.	ered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	80
	TEFFEU LIBERTS (Urro of an other or director)  (Printed or typed basing and little)	
hereby accept further agree to fmy duties, and document is beli corporation has	the appointment as registered agent and agree to act in this capacity.  It he appointment as registered agent and agree to act in this capacity.  To comply with the provisions of all statutes relative to the proper and complete pend I am familiar with and accept the obligation of my position as registered agent, thing filed merely to reflect a change in the registered affice address, I hereby confirm to be a company of this change.  The company is an accordance to the confirmation of the confirmation of this change.	erformance Or, if this om that the
By: 50~	ignature of Registered Agent) (Date)	
:	chalf of an entity:	
Sylvia Queppe	et, Asst. Vice President	
(7)	Typed or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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