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V			
(Requesto	r's Name)		
(Address)			
(Address)			
(City/State	/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business	Entity Name)		
•	• ,		
(Documen	t Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing 0	Officer:		
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED





CSC - WILMINGTON
Suite-400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: March 3, 2015

Order#: 498842-173

Re: FOREST CITY COMMERCIAL GROUP, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Lindsey Lockard

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 CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga r to change its registered office or regis	nized under the la	ws of the State of OH		_	
1. The name of t	the corporation: FOREST CITY COMMI	ERCIAL GROUP,	INC.			
2. The principal	office address: SQUARE SUITE 1360, CLEVELAND C					
3. The mailing a	address (if different):	· · · · · · · · · · · · · · · · · · ·				
4. Date of incorp	poration/qualification: 04/22/2005	Document	number: <u>F05000002467</u>	7		
	I street address of the current registered rtment of State: (If resigned, enter resign		ed office on file with the			
	C T CORPORATION SYSTEM					
	1200 SOUTH PINE ISLAND ROAD			1		
	PLANTATION	FL	33324	SECT ALL/	:5 :3≰	
6. The name and (if changed):	d street address of the new registered age Corporation Service Company	ent (if changed) an	d /or registered office	RETART OF AHASSEE, F	MAR 10 PH	1
	1201 Hays Street			STATE	မှ - - -	
	P.O. Box NO	OT acceptable		A		
	Tallahassee	FL	32301			
The street addre	ess of its registered office and the stree be identical.	t address of the bu	siness office of its regis	stered age	ent,	
Such change wa authorized by th	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of o	directors or by an office of the change.	r so		
T		Dona Priebe, V	ice President			
Signatu	are an officer or director	Print	ed or typed name and title		_	
I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to rej that the corporation has been notified on Service Company	tutes relative to th accept the obligat flect a change in t	ne proper and complete tion of my position as re he registered office addi	gistered ress, I		
By: Dre	re Cokubie	02/23/2015	Dota		_	
_	nature of Registered Agent		Date			
If signing on be	chalf of an entity:					
Grace E. Kirby,	, Asst. Vice President					

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name