(Requestor's Name)						
(Address)						
(Address)						
(City (Obate Gire (Obate 4))						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



400270663114

400270663114 03/26/15--01020--006 **35.00

MAR 3 0 2015 C. CALLOTTICS



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 8, 2015

Order#: 498842-207

Re: FOREST CITY ENTERPRISES, 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	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of OH registered agent, or both, in the State of Florida.		_	
1. The name of t	he corporation: FOREST CITY EN	ITERPRISES, INC.			
	office address: SQUARE SUITE 1360, CLEVELAI	ND OH 44113	£1.00	<u></u>	
3. The mailing a	ddress (if different):			5 HAR	
4. Date of incorp	poration/qualification: 05/06/2008	Document number: F08000002056	<u> 表表</u>	25	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)		RE	C)E	VED	
	C T CORPORATION SYSTEM		3> -11mm1/	0 3	2015
	1200 SOUTH PINE ISLAND ROA	AD (ARIZONA CORP. COMMISSION CORPORATIONS DIVISION		
	PLANTATION	FL 33324			
6. The name and (if changed):	Corporation Service Company	ed agent (if changed) and /or registered office			
P.O Box NOT acceptable					
	Tallahassee	FL 32301			
The street addre	ess of its registered office and the be identical.	street address of the business office of its regist	tered age	ent,	
Such change wa authorized by th	is authorized by resolution duly ac se board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	so		
Signatu	to un officer or director	Dona Priebe, Vice President Printed or typed name and title		_	
I her say accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered as	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as reg to reflect a change in the registered office addr ified in writing of this change.	gistered ess, I		
By: Dr	sco Cokubi	02/23/2015		_	
· ·	nature of Registered Agent half of an entity:	Date			
Grace E. Kirbv.	Asst. Vice President				
	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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