Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE WASHINGTON PRIME GROUP INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of change is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this no organized under the laws of the State of Indiana registered agent, or both, in the State of Florida.	
1. The name of the corporation: WASHINGTON P		
2. The principal office address: 7315 WISCONSIN AVE., SUITE 500-E, BETHESDA, MD 20814		
3. The mailing address (if different): 7315 WISCO	NSIN AVE., SUITE 500-E, BETHESDA, MD 20814	
4. Date of incorporation/qualification: 07/08/2014	Document number: F14000002910	
5. The name and street address of the current regis Florida Department of State: (If resigned, enter		
CORPORATION SERVICE COM	یں PANY	
1201 HAYS STREET	1201 HAYS STREET	
TALLAHASSEE, FL 32301-2525	PANY FOEC 17	
6. The name and street address of the new register (if changed):	red agent (if changed) and /or registered office	
C T Corporation System	2 ي	
c/o C T Corporation System, 1200	South Pine Island Road	
P.O. I Plantation, Florida 33324	Box NOT acceptable	
The street address of its registered office and the as changed will be identical.	street address of the business office of its registered agent.	
Such change was authorized by resolution duly a authorized by the based, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.	
Significate of an officer or director	Jennifer Kurz, Vice President	
I hereby accept the appointment as registered as I further agife to comply with the provisions of performance of my duties, and I am famillar with	gent and agree to act in this capacity. All statutes relative to the proper and complete th and accept the obligation of my position as registered to reflect a change in the registered office address, I tifled in writing of this change.	
By: Xamauloux	12/15/2014	
Samantha Jones, Asst. Sectatary	Date	
If signing on behalf of an entity:		
C T Corporation System	•	
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
CR2E045 (03/12)