F 97000002204

(Re	questor's Name)	<u>,</u>	
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
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(Bu	siness Entity Na	me)	
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15 MAR 10 PH 2: 44 SECRETARY OF STATE ALLAHASSEE, FLORIDA

MAR 16 2015
T. LEIVIEUX



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#: 498842-326

Re: FOREST CITY RESIDENTIAL MANAGEMENT, 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	nnge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, ration organized under the laws of the State of Ohio ice or registered agent, or both, in the State of Florida.	this
1. The name of t	the corporation: FOREST CF	TY RESIDENTIAL RESIDENTIAL, INC.	
2. The principal	office address: 1360 Termin	al Tower, 50 Public Square, Cleveland, OH 44113	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/25	5/1997 Document number: f97000002204	
	I street address of the current tment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)	
	C T Corporation System		
	1200 S. Pine Island Road		
	Plantation	FL 33324	15 P
6. The name and (if changed):	I street address of the new reg	gistered agent (if changed) and /or registered office	MAR 10 CRETARY LAHASSI
	Corporation Service Compa	any	PH S
	1201 Hays Street		2: 44 STATE FLORIE
	Tallahassee	P.O. Box NOT acceptable FL 32301	DA B
		d the street address of the business office of its register	
Such change was authorized by th	s authorized by resolution du se board, or the corporation h	uly adopted by its board of directors or by an officer so has been notified in writing of the change.)
	2	Dona Priebe, Vice President	
I hereby accept I further agree to performance of agent. Or, if this hereby confirm	o comply with the provisions my duties, and I am familiar	Printed or typed name and title ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete with and accept the obligation of my position as regis erely to reflect a change in the registered office addres n notified in writing of this change.	stered s, I
By: Styling	nature of Registered Agent	02/23/2015	
	half of an entity:	Date	
	, Asst. Vice President		
	ped or Printed Name	·	

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