## L040000 93955

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(2)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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CRETARY OF STATE LAHASSEE, FLORIDA

MAR 12 2015 T. CARTER



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#: 498842/382

Re: FOREST CITY WIREGRASS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Name of the limited liability company: FOREST CITY	WIREGRASS	, LLC
2. (a	50 PUBLIC SQUARE 1360 TERMINAL TOWER	(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	( /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CLEVELAND OF 44113		
	12/28/2004	L04	000093955
3.	Date of filing/registration in Florida	4.	Document number
5. (	a) C T CORPORATION SYSTEM		
э. (a	Registered Agent and Registered Office shown on the records of	Tthe Florida Dept.	of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
	PLANTATION , FI	 L 33324	SECRE TALLAH 15 MAR
	,,		R CHA
(b	Corporation Service Company		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
			ယ္ ြိုင္သ
	1201 Hays Street		<b>56</b>
	NEW Registered Office Address:		⊅'''
		<u></u>	<del></del>
	Tallahassee , FI	32301	
the c agen was/	limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the	f the registered iability compan of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
		Dona Prie	ebe, Authorized Person
	natur of a hember deathorized representative of a member	_	Printed or typed name of signee
provi the o to me	reby accept the appointment as registered agent and age sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide trely reflect a change in the registered office address, I ded in writing of this change.	e performance a	of my duties, and I am familiar with and accept.
<u>Z</u>	Inace Cottyble	DW C	
Signa	ture of Registered Agent Corporation Service Company	BY: Grace l	E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00