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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
,	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(Do	ocument Number)
ertified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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SECRETARY OF STATE

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Dana Szymanski dana.szymanski@cscglobal.com

Date: November 9, 2017

Order#: 897464-015

Re: GCI RESIDENTIAL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Dana Szymanski c/o Corporation Service Company 251 Little Falls Drive 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 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. Na	ame of the limited liability company: GCI RESIDENT	IAL, LLC			
2. (a)	C/O GOLDBERG COMPANIES, INC.	(b)	C/O GC	DLDBERG COMPANIES, INC.	
. ,	Principal office address of limited liability company:			Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)	
	25101 CHAGRIN BLVD., SUITE 300	_	25101 CH	HAGRIN BLVD., SUITE 300	
	BEACHWOOD, OH 44122		BEACHV	VOOD, OH 44122	
	03/17/2003		M0300000	00861	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	CT CORPORATION SYSTEM				
, ,	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	:	
1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS) PLANTATION FL 33324 (b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:					
				HASSER P.	
	PLANTATION FL_	33324	 ,	Ser In	
(1-)	Corporation Society Corporation			FILED RECHETARY OF STATE ALLAHASSEE, FLORIDI	
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered (Office add	-677.	ORIGINA	
			<u></u> ,	500	
	1201 Hays Street				
	NEW Registered Office Address:				
	Tallahassee	22201			
	,,	32301			
If the li	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t	s of the S	tate of Flo	rida, it is hereby confirmed that after	
agent w	fill be identical. Or, in the case of a Florida limited liab	bility con	ipany, it is	hereby confirmed that the change(s)	
was/we	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the limit	ed liability	company or as otherwise provided in	
	()			•	
Signature of a member of authorized representative of a member			Jill Cilmi, Authorized Person Printed or typed name of signee		
I hereb provision the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change;	e to act i performan for in Cl preby cor	n thia auna	oity I forely a server to the state of	
Signatur	Drace CKinbly	DV 0			
SIKIISIUI	e of Registered Agent Corporation Service Company	BY: Gra	ice E. Kirb	by, Assistant Vice President	