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| (Requestor's Name) | | | | | | | |
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| (Lednesions Manue) | | | | | | | |
| (Address) | | | | | | | |
| (1841655) | | | | | | | |
| (Address) | | | | | | | |
| | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| | | | | | | | |
| PICK-UP | WAIT MAIL | | | | | | |
| | | | | | | | |
| (Business I | Entity Name) | | | | | | |
| | | | | | | | |
| (Document | : Number) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 12 2015 T. CARTE



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#: 498842-284

Re: FOREST CITY REAL ESTATE SERVICES, 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 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 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 | me of the limited liability company: FOREST CITY I | REAL ES | STATE SER | RVICES, LLC | | |
|------------|-------------------------------|---|--|---|--|-----------------------------|---|
| 2. | (a) | 28211 Pasco Drive, Suite 100 | (b) | 50 Publi | ic Square, Suite 1360 | | |
| _, | (-) . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | | Wesley Chapel, FL 33543 | - - | Clevelanc | i, OH 44113 | | |
| | | 06/07/2010 | | M1000000 |)2450 | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. | (a) | C T Corporation System | | | | | |
| | () | Registered Agent and Registered Office shown on the records of the | ne Florida | Dept. of State | : | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | | | 5 | SE SE |
| | 1200 South Pine Island Road | | | | | MAR | Ser Ser |
| | | Plantation, FL_ | 33324 | | | <u>0</u> | ASSET L |
| | (b) | Corporation Service Company | | | | PH | mab. |
| | (0) | Enter name of NEW Registered Agent and/or NEW Registered (| Office add | ress: | | 3: 44 | STATE |
| | | 1201 Hays Street | | | | _ | ∌. |
| | | NEW Registered Office Address: | | | | | |
| | | | | | | | |
| | | Tallahassee, FL_ | 32301 | | | | |
| the age wa | cha ent w s/we arti- | mited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member | he regist bility con the limi imited li Dona | ered office mpany, it is ted liability ability com a Priebe, Au | and the business office hereby confirmed that company or as otherw pany. athorized Person Printed or typed name of si | e of the the chavise pro | registered ange(s) vided in |
| no. | iijied | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. The of Registered Agent Corporation Service Company | | | ncity. I further agree to luties, and I am familia .F.S. Or, if this docum he limited liability com rby, Asst. Vice Presic | | ly with the and accept being filed as been |

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