M20000011271

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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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: Meghan Groom meghangroom@cscglobal.com

Date: May 14, 2021

Order#: 807925-166

Re: BROOKFIELD RESIDENTIAL GP 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: Meghan Groom

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.

I. Na	ame of the limited liability company:	RESIDE	ITIAL GP L	LC
2. (a)	3200 PARK CENTER DRIVE SUITE 1000	(t	3200 PAI	RK CENTER DRIVE SUITE 1000
-7 ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	COSTA MESA, CA 92626	_	COSTA	1ESA, CA 92626
	12/07/2020		M2000001	1271
3.	Date of filing/registration in Florida	 4.		Document number
5. (a)	CT CORPORATION SYSTEM			202
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			TALL ATTASSE FLORIDA
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u> </u>
	1200 SOUTH PINE ISLAND ROAD			型 章 它
	PLANTATION FL	33324		0: 40
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company <u>NEW Registered Office Address:</u>	Office ad	Iress:	
	1201 Hays Street			
	Tallahassee, FL	32301		
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the organization or the operating agreement of the	registere bility con f the lim	d office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Xel C. White	Jill C	ilmi, Author	ized Person
I hereh provision the obli to mere notified	over of a member or authorized representative of a member by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	performa l for in C vereby co	nce of my d hapter 605, nfirm that ti	Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed in limited liability company has been at. Vice President
White of	in writing of this change.			

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