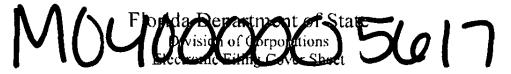
2/14/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000043115 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number: FCA000000023

: (614)280-3338

Fax Number

: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ma	i	ı	Address	
, III a	*		WOOL C22	

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INLAND WESTERN PANAMA CITY, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

## **COVER LETTER**

Divis	ion of Co	rporations			
SUBJECT:	Inland Wo	estern Panama City, L.L.C.		÷	
	4	Name of Foreign	Limited Liab	ility Compa	ny
Dear Sir or N					
The enclosed	l applicati	on, certificate and fee(s) ar	e submitted f	for filing.	
Please return	all corre	spondence concerning this t	natter to the	following:	
Ann M. Sharp					
<del>-</del>	<del> </del>	Name of Person		<b></b>	
Retail Propert	ies of Amo	rica, Inc.			
· · · · · · · · · · · · · · · · · · ·		Firm/Company		•	
2021 Spring R	oad, Suite	200			
		Address		-	
Oak Brook, II	, 60523				
		City/State and Zip Code		•	
sharp@rpai.co					
E-mail add	ress: (to	be used for future annual ro	port notifica	tion).	
For further in	ıformatio	n concerning this matter, pl	ease call:		
Ann M. Sharp	•	e	630 u (	634-4202	
<del></del>	Name	of Person		& Daytime	Telephone Number
Regi Divis Clift 2661	stration S sion of Co on Buildi Executiv	prporations		Registra Division P.O. Bo	NG ADDRESS; ation Section of Corporations x 6327 ssee, Florida 32314
Enclosed is  \$25 Filing		or the following amount:  \$\sum \\$30 \text{ Filing Fee & Certificate of Status}\$		ng Fee & ed Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E055 (9/15	)		,	<b>,</b> ·	<b>F</b>

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

#### SECTION I (1-4 must be completed)

Name of limited liability Company as it appears on the records of the Florida Department of  State: Inland Western Panama City, L.L.C.			
Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address.			
MAY BE A POST OFFICE BOX)			rie <sub>!</sub> /
2. The Florida document number of this limited liability company is: M04000005617			
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: December 20, 2004			٠
SECTION II (5-9 complete only the applicable changes)			
5. New name of the limited liability company:    3503 RP Panama City, L.L.C.	) <del></del>		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate namest contain "Limited Liability Company," "L.L.C." or "LLC.")	a (1)	FIL SECRETAR	
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:	AH	S do A	
Name of New Registered Agent:	8	23	
New Registered Office Address:  Enter Florida Street Address	•		
Florido			
City Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	naieli		•

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

	t change:
Address	Type of Action
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	Remove
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	Add
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days old, evidencing the the official having custody of records in the nized.  the authorized representative authorized representative of Assistant Secretary of Retail Properties of member of Inland Western Penema City, L.L.C.	17 FEB IL AM
	days old, evidencing the the official having custody of records in the nized.  The authorized representative the authorized re



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF 'INLAND WESTERN PANAMA CITY, L.L.C.', CHANGING ITS NAME FROM "INLAND WESTERN PANAMA CITY, L.L.C." TO "3503 RP PANAMA CITY, L.L.C.", FILED IN THIS OFFICE ON THE FOURTH DAY OF JANUARY, A.D. 2017, AT 7:08 O'CLOCK P.M.

1761V

1017

Authentication: 201829525

Date: 01-06-17

3890163 8100 SR# 20170052823

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware

Secretary of State

Division of Corporations

Delivered 07:08 PM 01:04/2017

FILED 07:08 PM 91:04/2017

SR 20170052823 - File Number 3890163

2.

# STATE OF DELAWARE CERTIFICATE OF AMENDMENT

	Certificat llows:	c of Form	ation of the	limited li	ability c	ompany is	hereby ame	nde
		,			<del></del>			• •
Firs	t: The nam 3503 RP	e of the Ilmi Panama Ci	ed in its entired the disability control ity, t.L.C.	npany is			Certificate	on
			day of		nave ex		D. 2017	, OH
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		anama City liability com						
	•	rties of Ame its sole men	arica, Inc., a Ma nber	aryland				·
	nithorariori'	ira ania titat	HDGI					