2/14/2017 Division of Corporations

M04000003302

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (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.

Email Address:_____

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17 FEB 15 AM 9:17

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INLAND WESTERN MIAMI 19TH STREET, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$25.00

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O SIMMONS
FEB 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inland Western Miami 19th Street, L.L.C.
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann M. Sharp
Name of Person

Retail Properties of America, Inc.
Firm/Company

2021 Spring Road, Suite 200
Address

Oak Brook, IL 60523
City/State and Zip Code

sharp@rpai.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann M. Sharp at (630) 634-4202
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

FL DOS 01/09/2016 Wolters Kluwer Online

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Inland Western Miami 19th Street, L.L.C.

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17 FEB 15 AM 9:17

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) _____

_____

2. The Florida document number of this limited liability company is: M04000003302

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 16, 2004

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: 3503 RP Miami 19th Street, L.L.C.
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

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:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

_____
Signature of the authorized representative

Ann M. Sharp, Assistant Vice President and Assistant Secretary of Retail Properties of America, Inc., a Maryland corporation, sole member of Inland Western Miami 19th Street, L.L.C., a Delaware limited liability company

Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'INLAND WESTERN MIAMI 19TH STREET, L.L.C.', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO '3503 RP MIAMI 19TH STREET, L.L.C.' ON THE FOURTH DAY OF JANUARY, A.D. 2017, AT 7:25 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

3841362 8320
SR# 20170899660

Authentication: 202037851
Date: 02-14-17

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