Electronic Signature of Signing Authorized Person(s) Detail

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000002751

Entity Name: SIMON SILVER SANDS HOLDINGS, LLC

Current Principal Place of Business:

225 W. WASHINGTON ST., PO BOX 7033 C/O CORPORATE PARALEGAL INDIANAPOLIS, IN 46207-7033

Current Mailing Address:

225 W. WASHINGTON ST., PO BOX 7033 C/O CORPORATE PARALEGAL INDIANAPOLIS, IN 46207-7033

FEI Number: 45-5278991

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

/////2001			
Title	MGRM	Title	VP
Name	SIMON PROPERTY GROUP, L.P.	Name	DEVITA, DANIELLE
Address	225 W. WASHINGTON ST., PO BOX	Address	225 W. WASHINGTON ST.
City-State-Zip:	7033 INDIANAPOLIS IN 46207-7033	City-State-Zip:	INDIANAPOLIS IN 46204
Ony Otale Zip.		Title	VP, TREASURER
Title	SECRETARY	Name	MCDADE, BRIAN
Name	FIVEL, STEVEN E	Address	225 W. WASHINGTON ST.
Address	225 W WASHINGTON ST		
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204
		Title	COO AND EVP
Title	VP	Name	SILVESTRI, MARK
Name	RULLI, JOHN	Address	225 W. WASHINGTON ST.
Address	225 W. WASHINGTON ST.	City-State-Zip:	INDIANAPOLIS IN 46204
City-State-Zip:	INDIANAPOLIS IN 46204	T . (1 -	
Title	СОВ	Title	ASST. SECRETARY
Name	SIMON, DAVID	Name	SNYDER, ALEXANDER L.W.
Address	225 W. WASHINGTON STREET	Address	225 W. WASHINGTON ST.
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204
		Continues on page 2	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN E. FIVEL

SECRETARY

04/13/2022 Date

Certificate of Status Desired: No

Date

Authorized Person(s) Detail Continued :

Title	VP	Title	VP
Name	THYGESEN, MIKAEL	Name	BROAS, MATTHEW J
Address	225 W. WASHINGTON STREET	Address	225 W. WASHINGTON ST., PO BOX
City-State-Zip:	INDIANAPOLIS IN 46207-7033		7033 C/O CORPORATE PARALEGAL
		City-State-Zip:	INDIANAPOLIS IN 46207-7033