Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: SIMON SILVER SANDS HOLDINGS, LLC

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

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

DOCUMENT# M12000002751

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 :

Authonizeu i	erson(s) Detail .		
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
Title	SECRETARY	Title Name	ASST. SECRETARY GUGIG, DARRYL E
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	Gity-State-Zip.	
		Title	VP
Title	VP, TREASURER	Name	RULLI, JOHN
Name	MCDADE, BRIAN	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	COB
Name	SILVESTRI, MARK	Name	SIMON, DAVID
Address	225 W. WASHINGTON ST.	Address	225 W. WASHINGTON STREET
		City-State-Zip:	INDIANAPOLIS IN 46204
City-State-Zip:	INDIANAPOLIS IN 46204	Continues	n nogo 2
		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

FILED Jun 26, 2020 Secretary of State 6879409294CC

Certificate of Status Desired: No

Date

Authorized Person(s) Detail Continued :

Title	ASST. SECRETARY	Title	VP
Name	SNYDER, ALEXANDER L.W.	Name	THYGESEN, MIKAEL
Address	225 W. WASHINGTON ST.	Address	225 W. WASHINGTON STREET
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46207-7033
Title	PRESIDENT	Title	VP
Name	WEINSTEIN, LAWRENCE	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