

D04000000043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

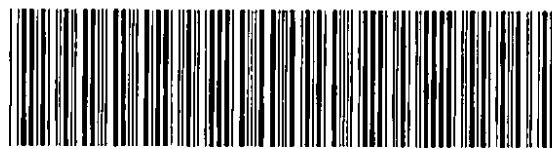
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100417569571

Amendments to  
Dec to Trust

11/13/23--01004--021 \*\*43.75

RECEIVED  
2023 NOV 13 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2023 NOV 13 AM 11:19

A. RAMSEY  
NOV 29 2023

\*00789, 00524, 00671

**CT CORP**  
**(850) 656- 4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 11/13/2023

Acc#I20160000072

*W: C SW*

|             |                         |
|-------------|-------------------------|
| Name:       | Kite Realty Group Trust |
| Document #: |                         |
| Order #:    | 15145631                |

|                                   |                          |  |                         |  |
|-----------------------------------|--------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |  |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |  |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |  |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |  |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> |  | Country of Destination: |  |
|                                   |                          |  | Number of Certs:        |  |

|   |  |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
|   | Plain: <input type="checkbox"/>                |
|   | COGS: <input type="checkbox"/>                 |

Email Address for Annual Report Notifications:

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|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **43.75**

Thank you!



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2023

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: KITE REALTY GROUP TRUST  
Ref. Number: D04000000043

We have received your document for KITE REALTY GROUP TRUST and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The officer's title must be Trustee instead of Director, SVP etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
OPS

Letter Number: 023A00026323

DECLARATION OF TRUST  
APPLICATION BY FOREIGN DECLARATION OF TRUST TO FILE AMENDMENT TO APPLICATION  
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  
(Pursuant to s. 609.02)

SECTION I  
(1-3 MUST BE COMPLETED)

D0400000043

(Document number of corporation (if known))

1. Kite Realty Group Trust

(Name of trust as it appears on the records of the Department of State)

2. Maryland

(Incorporated under laws of)

3. 08/12/2004

(Date authorized to do business in Florida)

SECTION II  
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

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

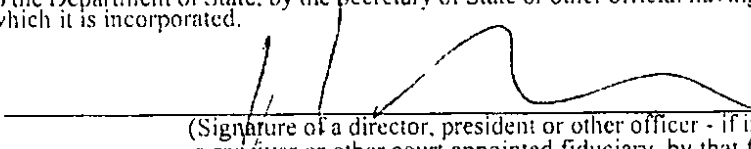
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 609.02, indicate that change:

| <u>Title/Capacity</u>          | <u>Name</u>     | <u>Address</u>                                   | <u>Type of Action</u>  |
|--------------------------------|-----------------|--|--|
| EVP                            | Scott E. Murray | 30 S. Meridian St., Suite 1100, Indpls, IN 46204 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| SVP<br>Chief Legal Officer     | Dean Papadakis  | 30 S. Meridian St., Suite 1100, Indpls, IN 46204 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| SVP- Construction              | Rick S. Lally   | 30 S. Meridian St., Suite 1100, Indpls, IN 46204 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| Director<br>Tenant Improvement | Robert Brandon  | 30 S. Meridian St., Suite 1100, Indpls, IN 46204 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| Director<br>Construction       | Matthew VanDyke | 30 S. Meridian St., Suite 1100, Indpls, IN 46204 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| VP Construction                | Randy Burke     | 30 S. Meridian St., Suite 1100, Indpls, IN 46204 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)

Dean Papadakis

(Typed or printed name of person signing)

SVP, Chief Legal Officer

(Title of person signing)

FILING FEE \$35.00