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Division of Corporations

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Fax Number

: (561)214-8442

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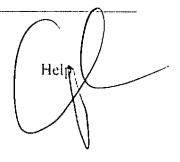
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## REGISTERED AGENT CHANGE KITE REALTY GROUP TRUST

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR $\overline{\text{COMPONITIONS}}$ . TRUST

		Florida Stat			
		on organized under the laws of the State of Mar or registered agent, or both, in the State of Flore			
		· ·	ida.		
1. The name of	the corporation: Kite Realty Grou	p Trust			
2. The principal	office address: 30 South Meridian	Street, Suite 1100, Indianapolis, IN 46204			
· · · · · · · · · · · · · · · · · · ·					
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 08/12/200	Document number: D0400000004	13		
5. The name and Florida Depa	d street address of the current reg rtment of State: (If resigned, ente	istered agent and registered office on file with the resigned)	he		
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND RO	DAD			
	PLANTATION, FL 33324				
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered office	2024 NOV -6 SEURL WAR TALLAHA		
	United Agent Group Inc.		V-6		
	801 US Highway 1				
		P.O. Box NOT acceptable			
	North Palm Beach, FL 33408	AM 10: 43 OF STATE SSEE, FL			
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its re	gistered agent,		
Such change wa authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an offi been notified in writing of the change.	cer so		
Adia Mu	re of an officer or director	Adia Myles, Attorney-in-Fact			
Signatu	re of an officer or director	Printed or typed name and title			
hereby accept further agree of my duties, an locument is bei corporation has	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	ngent and agree to act in this capacity. I all statutes relative to the proper and comple: I the obligation of my position as registered ag 186 in the registered office address, I hereby co change.	te performunce ent. Or, if this onfirm that the		
Adia My	las	11/06/2024			
dig	nature of Registered Agent	Date			
f signing on be	half of an entity:				
Adia Myles, Spe	cial Secretary				
T	yped or Printed Name	_			

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)