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(Ad	ldress)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2025 HAY 21 At

'Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv°

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE, 5/21/2025

PRIORITY, Regular Approval

OUR REF, # (Order ID#) 1379173

ORDER ENTITY

SIMON PROPERTY GROUP, INC.

PLEASE PERFORM THE FOLLOWING SERVICES: SIMON PROPERTY GROUP, INC. (FL)

File the attached withdrawal document

NOTES: ...

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincere ly,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, May 21, 2025 Page 1 of 1

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

			707		
	Simon Property	Group, Inc.			
		(Name of Corporation)			
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	F98000001489		77.		
		(Document Number of Corporation	(if known)		
		(vocanian i anno an an parameter	9		
	Delaware	03/16/1998	24		
	(Incorpor	rated Under Laws of and date authorized to transa	ct business/conduct its affairs)		
appoints time it w	the Department vas authorized	nt of State as its agent for service of process to transact business or conduct affairs in Flo ent mailing address for the corporation:	Florida to accept service on its behalf and based on a cause of action arising during the orida.		
	Indianapolis, IN 46204				
	(City/ State /Zip)				
·	Signature of a direc	to notify the Department of State in the full tor, president or other officer - if in the hands of a part appointed fiduciary, by that fiduciary)	ture of any change in its mailing address. 5 20 25 (Date)		
	Kevin M. Kelly		Asst. Secretary and Asst. General Counsel		
	(Lyped or p	rinted name of person signing)	(Title of person signing)		

FILING FEE \$35