

MD4000001369

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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**LLC REGISTERED AGENT CHANGE
PRIME OUTLETS ACQUISITION COMPANY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Outlets Acquisition Company LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy L. Reinholt
Name of Person

Simon Property Group
Firm/Company

225 W. Washington St., P.O. Box 7033
Address

Indianapolis, IN 46207-7033
City/State and Zip Code

treinholt@simon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy L. Reinholt at (317) 283-7131
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Prime Outlets Acquisition Company LLC

2. (a) Principal office address of limited liability company:

ATTN: LYNETTE



(Note: MUST BE STREET ADDRESS)

1985 CEDAR BRIDGE AVE
LAKEWOOD NJ 08701

(b) Mailing address of limited liability company:

ATTN: LYNETTE



(Note: MAY BE POST OFFICE BOX)

1985 CEDAR BRIDGE AVE
LAKEWOOD NJ 08701

04/01/2004

3. Date of filing/registration in Florida

M04000001369

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

NRAI Services, Inc.

Registered Office Address:

2731 Executive Park Drive, Suite 4
Weston, FL 33331

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

CT Corporation System

NEW Registered Office Address:

1200 South Pine Island

(MUST BE FLORIDA STREET ADDRESS)

Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

James M. Barkley
Signature of a member or authorized representative of a member

James M. Barkley, Secretary

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kimberly Breunling
Signature of Registered Agent

Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00