Division of Corporations Electronic Filing Cover Sheet

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: : C T CORPORATION SYSTEM Account Name Account Number : FCA000000023 Phone : (850)222~1092 Fax Number : (850)878-5368 OCT - 1 2013 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CORAL SQUARE SB, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Coral Square SB, LLC	Limited Liability Comp	
Hame of Foleigh	Limited Liability Coun	Ruly
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this	matter to the following:	i i i i i i i i i i i i i i i i i i i
Corporate Paralegal		हिन्द्र हिन्द्र इन्हें
Name of Person		in the second se
Coral Square SB, LLC		्र इस् रोग व
Firm/Company		
225 W. Washington St.		
Address		,
Indianapolis, IN 46204		
City/State and Zip Code		-
arykovich@simon.com		
E-mail address: (to be used for future annual r	eport notification)	·
For further information concerning this matter, p	lease call:	
Aubrey Rykovich	at (317) 263-713	3
Name of Person	Area Code & Daytin	ne Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
Enclosed is a check for the following amount: 1 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (i-3 must be completed)

	Department of
2. Jurisdiction of its organization: Delaware	
3. Date authorized to do business in Florida: 03/28/2013	<u> </u>
SECTION II (4-7 complete only the applicable change	# SEE 30 SEP 30 vas the
4. If the amendment changes the name of the limited liability company, when v change effected under the laws of its jurisdiction of organization?	
5. New name of the limited liability company: Coral Square Sbux, LLC	
(must end with "Limited Liability Company,"	"T.I.C." क "II.C." अ कृति 2
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction of organization organization.	sdiction:
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction of organization, indicate new jurisdiction of organization, indicate new jurisdiction. 8. If the amendment corrects any false statement, indicate the statement being correction:	

Filing Fee: \$25.00

FL007 - 05/16/2012 Wohen Klewer Outun

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CORAL SQUARE SB, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CORAL SQUARE SBUX, LLC", THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2013, AT 6:55 O'CLOCK P.M.

5306623 8320

7 21 1 25000

You may vorify this cartificate online at corp. dolayare.gov/authypr.ahtml

AUTHENTY CATION: 0773227

DATE: 09-27-13