

12/21/2020

Division of Corporations

MI300002996

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H20000435203ABCT

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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
SOUTHGATE MALL OWNER LLC**

Certificate of Status	0
Certified Copy	1
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PLEASE HONOR THE ORIGINAL SUBMISSION DATE OF 12/21/2020

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Corporate Filing Menu

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SOUTHWEST MALL OWNER LLC

Enter new principal office address, if applicable: 535 MADISON AVENUE

(Principal office address
MUST BE A STREET ADDRESS)

6TH FLOOR
NEW YORK, NY 10022

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

535 MADISON AVENUE
6TH FLOOR
NEW YORK, NY 10022

2020 DEC 28 AM 10:00
ALLAHASHEFL

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2. The Florida document number of this limited liability company is: M13000002996

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: MAY 10, 2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: N/A
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: N/A

Enter Florida Street Address

_____, Florida _____
City Zip Code

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

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

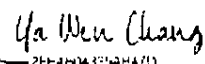
N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

SEE BELOW

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES.	WILLIAM Q. O'CONNOR	535 MADISON AVE, 6TH FLOOR	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10022	<input type="checkbox"/> Remove
VP	JOEL BAYER	535 MADISON AVE, 6TH FLOOR	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10022	<input type="checkbox"/> Remove
SVP	FRANCESCO J. NUCCIO	535 MADISON AVE, 6TH FLOOR	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10022	<input type="checkbox"/> Remove
SVP	NATINA ROTOLO	535 MADISON AVE, 6TH FLOOR	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10022	<input type="checkbox"/> Remove
SVP	YA WEN CHANG	535 MADISON AVE, 6TH FLOOR	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10022	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the _____ is organized.

DocuSigned by:

 signature of the authorized representative

YA WEN CHANG

Typed or printed name of signee

Filing Fee: \$25.00

DocuSign Envelope ID: C8C75699-960A-45F1-80F1-7D670251A620

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

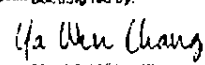
N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

SEE BELOW

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
SVP	THOMAS E. HUTH	535 MADISON AVE, 6TH FL	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10022	<input type="checkbox"/> Remove
SR. EVP	PETER R. SCHWARTZ	2049 CENTURY PARK EAST, 41ST FL	<input type="checkbox"/> Add
		LOS ANGELES, CA 90067	<input checked="" type="checkbox"/> Remove
IN. DIR.	RICARDO BEAUSOLEIL	2049 CENTURY PARK EAST, 41ST FL	<input type="checkbox"/> Add
		LOS ANGELES, CA 90067	<input checked="" type="checkbox"/> Remove
IN. DIR.	STEVEN P. ZIMMER	2049 CENTURY PARK EAST, 41ST FL	<input type="checkbox"/> Add
		LOS ANGELES, CA 90067	<input checked="" type="checkbox"/> Remove
PRES.	JEAN-MARIE TRITANT	2049 CENTURY PARK EAST, 41ST FL	<input type="checkbox"/> Add
		LOS ANGELES, CA 90067	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the _____ is organized.

DocuSigned by:


7F64HC4935A347D Signature of the authorized representative

YA WEN CHANG

Typed or printed name of signee

Filing Fee: \$25.00

DocuSign Envelope ID: C8C75699-960A-45F1-80F1-7D670251A620

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

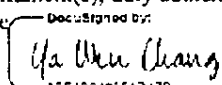
N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

SEE BELOW

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	ISABELA GAIDO	2049 CENTURY PARK EAST, 41ST FL	<input type="checkbox"/> Add
		LOS ANGELES, CA 90067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the _____ is organized.


 Designated by: _____
 Signature of the authorized representative

YA WEN CHANG

Typed or printed name of signee

Filing Fee: \$25.00