

M160000003897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

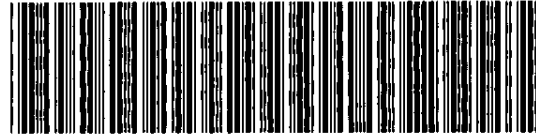
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900291011869

FILED

2016 OCT 18 A 9:31

TALLAHASSEE, FLORIDA

RECEIVED

16 OCT 18 PM 4:43

STATE OF FLORIDA
SUFFICIENCY OF FILING

D. BRUCE
OCT 19 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 337287 4311863
AUTHORIZATION : *[Signature]*
COST LIMIT : \$25.00

ORDER DATE : October 18, 2016
ORDER TIME : 3:29 PM
ORDER NO. : 337287-010
CUSTOMER NO: 4311863

FOREIGN FILINGS

NAME: IRC RETAIL CENTERS LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

FILED

2016 OCT 18 A 9:31

FILED

**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: IRC Retail Centers LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000003897

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 16, 2016

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

5. New name of the limited liability company: _____
(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: _____

New Registered Office Address: _____

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Mark E. Zalatoris</u>	814 Commerce Drive, Suite 300, Oak Brook, IL 60523	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Mgr</u>	<u>Brett A. Brown</u>	814 Commerce Drive, Suite 300, Oak Brook, IL 60523	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Mgr</u>	<u>D. Scott Carr</u>	814 Commerce Drive, Suite 300, Oak Brook, IL 60523	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Mgr</u>	<u>Beth Sprecher Brooks</u>	814 Commerce Drive, Suite 300, Oak Brook, IL 60523	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

Belle Spivey Thoms
Signature of the authorized representative

Typed or printed name of signee

4