Page 2 of 4 To

9/23/2019

2019-09-23 11:35 12 CST

12122023573 From: Kimberly Laughrey

119 SET 23 Fil 3: 5



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

## (((H19000284468 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Cor	porations	
	Fax Number	: (850)617-6383	
From:	Account Name	: C T CORPORATION SYSTEM	1
	Account Number	: FC4000000023	
	Phone	: (614)280-3338	
	Fax Number	: (954)208-0845	



Email Address:



LLC AMND/RESTATE/COR	RECT OR M/MG RESIGN
IVT PORT CHARLOTT	'E PEACHLAND, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

T GLASS

.

## 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:Port Charlotte Peachland, LLC		
Enter new principal office address, if applicable:		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )		
2. The Florida document number of this limited liability company is: M18000010337	2010 CFP 23 FH 3: 54	2
3. Jurisdiction of its organization: Delaware	10	
4. Date authorized to do business in Florida: 11/19/2018	ٽ ٽ	
SECTION II (5-9 complete only the applicable changes)	[: ]: [:	
5. New name of the limited liability company:(inust contain "Limited Liability Company, ""L.L.C.," or "LLC.")	ુ: 54	
(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 nam must contain "Limited Liability Company," "L.L.C." or "LLC.")	. <del>2</del>	
6. If amending the registered agent and/or registered officer address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address: Enter Florida Street Address		
City Zip Code		
<u>New Registered Agent's Signature, if changing Registered Agent;</u> <i>Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we 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</i>	I	

and decept the bungdiant of my position as registered again as provided for exchapter out, i the original document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

 If the amendment changes person, title or capacity in accordance with 665.0902 (1)(c), indicate that change: Former member, IVT Retail TRS, Inc., assigned its interest to IVT OP Limited Partnership.

Title/ Capacity	Name	Adulress	Type of Action
Member	IVT Retail TRS, Inc.	3025 Highland Parkway, Suite 350	Add
		Downers Grove, IL 60515	X Remove
Momber	IVT OP Limited Partnership	3025 Highland Parkway, Suite 350	XA3d
		Downers Grove, 1L 60515	Келкоvе
			∑ 
			2019 SFe9 23
			AddI === 5 
			Remove Cn
_,			БЬА. 🗍
			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 av of which this entity is organized;

Signature of the authorized representative Mar

Christy L. David, Secretary of Sole Member

Typed or printed name of signce

Filing Fee: \$25.00