

9/23/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M1800000337

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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: _____

2019 Sep 23 PM 3:54
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IVT PORT CHARLOTTE PEACHLAND, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

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

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

Former member, IVT Retail TRS, Inc., assigned its interest to IVT OP Limited Partnership

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	IVT Retail TRS, Inc.	3025 Highland Parkwny, Suite 350	<input type="checkbox"/> Add
		Downers Grove, IL 60515	<input checked="" type="checkbox"/> Remove
Member	IVT OP Limited Partnership	3025 Highland Parkway, Suite 350	<input checked="" type="checkbox"/> Add
		Downers Grove, IL 60515	<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 law of which this entity is organized.

Christy L. David
Signature of the authorized representative

Christy L. David, Secretary of Sole Member

Typed or printed name of signee

Filing Fee: \$25.00