

M 1900000 1936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

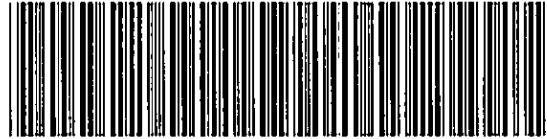
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400344248264

05/11/20--01039--004 \*\*55.00

FILED  
2020 MAY 11 P 2:41

*Amend.*  
*05/12/20*  
*DC*

James D. Palermo  
General Counsel and Executive Vice President

May 8, 2020



**VIA FEDERAL EXPRESS**

Florida Department of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

Re: Amber Pointe Owner, LLC  
M19000001936

Gentlemen:

On May 7, 2020, a Fed X package which contained an Application to amend the Certificate of Authority previously obtained by Amber Pointe Owner, LLC was sent to your office via Fed X. A copy of the cover letter that accompanied the Application (with an incorrect date) is enclosed

A check for the filing fee and for the return of a certified copy of the Application, for \$55.00, should have been sent with the Application. Unfortunately, a check for \$583.66 was mistakenly enclosed in the Fed X package.

I am enclosing herein the \$55.00 check that should have been sent to your office and would request that you return the \$583.66 check to me in the enclosed self-addressed Fed X envelope.

In that I am working from home, if you have any questions, please call me on my mobile phone – (813) 690-6002.

Thank you for your cooperation.

Very truly yours,



JAMES D. PALERMO

JDP/ms  
Enclosures

James D. Palermo  
General Counsel and Executive Vice President



*MA*  
April 7, 2020

**VIA FEDERAL EXPRESS**

Florida Department of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

Re: Amber Pointe Owner, LLC  
M19000001936

Gentlemen:

Enclosed please find an original and copy of an Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority to Transact Business in Florida for Amber Pointe Owner, LLC together with a Good Standing Certificate issued by the Delaware Secretary of State.

I am also enclosing a check, for \$55.00, in payment for the required filing fee and for the return of a certified copy of the Application to my attention.

A self-addressed stamped envelope is enclosed herein\ for your use.

Very truly yours,

JAMES D. PALERMO

JDP/ms  
Enclosures

James D. Palermo  
General Counsel and Executive Vice President



April 7, 2020

**VIA FEDERAL EXPRESS**

Florida Department of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

Re: Amber Pointe Owner, LLC  
M19000001936

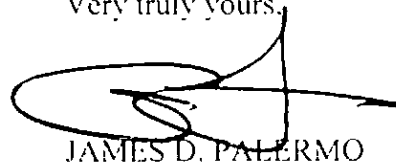
Gentlemen:

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I am also enclosing a check, for \$55.00, in payment for the required filing fee and for the return of a certified copy of the Application to my attention.

A self-addressed stamped envelope is enclosed herein\ for your use.

Very truly yours,



JAMES D. PALERMO

JDP/ms  
Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Amber Pointe Owner, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James D. Palermo

Name of Person

DeBartolo Holdings, LLC

Firm/Company

15436 North Florida Avenue, Suite 200

Address

Tampa, Florida 33613

City/State and Zip Code

jpalamo@debartoloholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James D. Palermo

at ( 813 ) 264-8803

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☒ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: Amber Pointe Owner, 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: M19000001936

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: February 25, 2019

**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.*

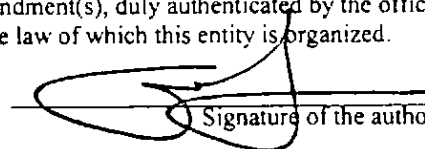
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>EVP</u>	<u>James D. Palermo</u>	<u>15436 North Florida Avenue</u> <u>Suite 200, Tampa, FL 33613</u>	<input checked="" type="checkbox"/> Add
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Remove
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<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Remove
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<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
<u>                    </u>	<u>                    </u>	<u>                    </u>	<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.

  
\_\_\_\_\_  
Signature of the authorized representative

James D. Palermo

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMBER POINTE OWNER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMBER POINTE OWNER, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7295448 8300

SR# 20203594632

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202895601

Date: 05-07-20