

m190000002205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

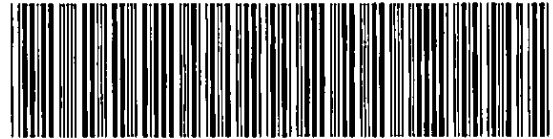
(Business Entity Name)

(Document Number)

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300438281333

SECRET

SECRETARY OF STATE
WASHINGTON, D.C. 20520

2024 OCT 28 AM 9:07

FILED

2024 OCT 28 PM 1:21

五、

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 10/28/2024

Acc#120160000072

en: c DW

Name:	Waterford Lakes Town Center LLC
Document #:	
Order #:	15943671

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Waterford Lakes Town Center 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

CR2E055 (9/15)

**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: Waterford Lakes Town Center LLC

Enter new principal office address, if applicable: 500 North Broadway, Suite 201

(Principal office address
MUST BE A STREET ADDRESS) Jericho, NY 11753

Enter new mailing address, if applicable: 500 North Broadway, Suite 201

(Mailing address
MAY BE A POST OFFICE BOX) Jericho, NY 11753

2. The Florida document number of this limited liability company is: M19000002205

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 03/05/2019

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.

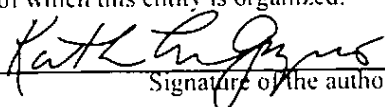
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:
See individuals removed below and individuals added on schedule attached.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
EVP & CFO	Christa Vespy	4900 E. Dublin Granville Rd 4th Floor	<input type="checkbox"/> Add
		COLUMBUS, OH 43081	<input checked="" type="checkbox"/> Remove
EVP & Head of Leasing	Joshua Lindimore	4900 E. Dublin Granville Rd 4th Floor	<input type="checkbox"/> Add
		COLUMBUS, OH 43081	<input checked="" type="checkbox"/> Remove
EVP, Chief Legal Officer & Secretary	Maria Manley-Dutton	4900 E. Dublin Granville Rd 4th Floor	<input type="checkbox"/> Add
		COLUMBUS, OH 43081	<input checked="" type="checkbox"/> Remove
CEO	Christopher Conlon	4900 E. Dublin Granville Rd 4th Floor	<input type="checkbox"/> Add
		COLUMBUS, OH 43081	<input checked="" type="checkbox"/> Remove
EVP & Chief Investment Officer	David Kean	4900 E. Dublin Granville Rd 4th Floor	<input type="checkbox"/> Add
		COLUMBUS, OH 43081	<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 law of which this entity is organized.



Signature of the authorized representative

Kathleen M. Gazerro, authorized person

Typed or printed name of signee

Filing Fee: \$25.00

Schedule to: **Waterford Lakes Town Center LLC**
 APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
 AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
 BUSINESS IN FLORIDA

SECTION II, No. 8. continued

First Name	Last Name	Title/Capacity	Address	Add/Remove
· Conor C.	Flynn	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Ross	Cooper	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Glenn G.	Cohen	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Raymond	Edwards	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Geoffrey	Glazer	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Kathleen	Thayer	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Gary J.	Bazydlo	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Barbara E.	Briamonte	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Paul	Dooley	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Christopher	Freeman	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Wilbur E.	Simmons	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Harvey G.	Weinreb	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Paul	Westbrook	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Kathleen M.	Gazerro	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Jessica L.	Kimble	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Kimberly A.	Umpleby	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD
· Robert L.	Mackall, III	Authorized Person	500 North Broadway, Suite 201 Jericho, NY 11753	ADD