M24 00000 2985

(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 I	Filing Officer:

Office Use Only



700431019257

2024 JUN - 7 PM 4: 45
SECNT LARY OF STATE

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)

Name of limited liability Company as it appear State: CL SHOPS AT LAKE BRANDON FL LI STATE STAT	-	riment of
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: (Mailing address MAY BE A POST OFFICE BOX)		2024 JUN -7 P
2. The Florida document number of this limited lia	ability company is: M24000002985	in in i
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 03/0	07/2024	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (mus	st contain "Limited Liability Compar	ny, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopting the altern	ness in Florida and attach a ate name. The alternate name
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, <u>en</u> ddr <u>ess here:</u>	iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida St	wat Addraw
		DI - 11.
	 City	, Florida <u>Zip Code</u> – – – – – – – – – – – – – – – – – – –
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as registered.	ent and agree to act in this capacity. and complete performance of my di	uties, and I am familiar with 🥏

If Changing Registered Agent, Signature of New Registered Agent

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.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: PLEASE SEE ATTACHED				
Title/ Capacity	<u>Name</u>	Address	Type of Acti	
			□Ren	
			_____\Add	
			□Ren	
			□Ad	
			□Rei	
				
			□Rer	

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 splitch; this entity is organized.

Midual S. Owendoff

-0718425CADF3447. Signature of the authorized representative

Michael S. Owendoff

Typed or printed name of signee

Filing Fee: \$25.00

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Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida

Attachment to Section II, Part 8:

1. Title/Capacity: Member Name: Curbline Properties LP

Address: 3300 Enterprise Parkway, Beachwood, Ohio 44122

Type of Action: ADD

2. Title/Capacity: Authorized Person

Name: Michael S. Owendoff

Address: 3300 Enterprise Parkway, Beachwood, Ohio 44122

Type of Action: ADD

3. Title/Capacity: Member Name: Michael S. Owendoff

Address: 3300 Enterprise Parkway, Beachwood, Ohio 44122

Type of Action: REMOVE