

Malucco 1985

(Requestor's Name) _____

A standard linear barcode is positioned horizontally across the page, consisting of vertical black lines of varying widths on a white background.

800438064318

(Address)

(Address)

(City/State/Zip/Phone #)

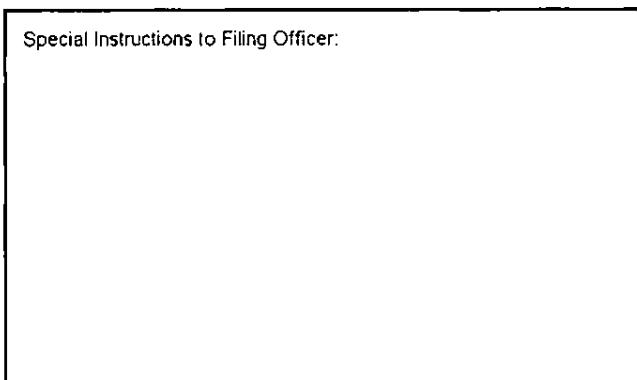
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



Office Use Only

2024 OCT 16 AM 10:28

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

Date: 10/16/2024
Acc#I20160000072

encl DHL

Name:	CL Shops at Lake Brandon FL LLC
Document #:	
Order #:	15923768

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 type="checkbox"/>	Email Address for Annual Report Notifications:
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

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

Amount: \$ **25.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
CL SHOPS AT LAKE BRANDON FL 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:

Nanette Blount, Entity Manager

Name of Person

CL Shops at Lake Brandon FL LLC

Firm/Company

3300 Enterprise Parkway

Address

Beachwood, OH 44122

City/State and Zip Code

tax@curbline.com

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

For further information concerning this matter, please call: (prefer email to: nblount@sitecenters.com)

Nanette Blount, Entity Manager _____ at (_____ 216 _____ 755-5637

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 Certified Copy \$55 Filing Fee & _____

Certificate of Status & Certified Copy \$60 Filing Fee,

Certificate of Status & Certified Copy

CR2R055 (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: CL SHOPS AT LAKE BRANDON FL 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: M24000002985

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/07/2024

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:

See attached and below additions are Officers and Authorized Person(s)

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Lesley H. Solomon	3300 Enterprise Pkwy. Beachwood, OH 44122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Authorized Person	April M. Ehrenbeit	3300 Enterprise Pkwy. Beachwood, OH 44122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Authorized Person	Robert W. Siebenschuh	3300 Enterprise Pkwy. Beachwood, OH 44122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Authorized Person	Amanda M. Seewald	3300 Enterprise Pkwy. Beachwood, OH 44122	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Authorized Person	Kerri Ryan	3300 Enterprise Pkwy. Beachwood, OH 44122	<input checked="" 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 Signed by: Michael Owendoff organized.

Michael Owendoff
4EB78074373F4F7..
Signature of the authorized representative

Michael S. Owendoff, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00

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>
Authorized Person	Christian E. Reddersen	3300 Enterprise Pkwy.	<input checked="" type="checkbox"/> Add
		Beachwood, OH 44122	<input type="checkbox"/> Remove