

To:

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2024-10-17 09:59:26 CST

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From: David Thomas

10/17/24, 11:57 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CL SHOPS AT BAY PINES FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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OCT 18 2024
T. LEMIEUX

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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 BAY PINES FL LLC

Enter new principal office address, if applicable: _____

(Principal office addressMUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing addressMAY BE A POST OFFICE BOX)2. The Florida document number of this limited liability company is: M1240000117853. Jurisdiction of its organization: Delaware4. Date authorized to do business in Florida: 00/13/2024

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 CodeNew 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

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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:

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	Robert W. Siebenschuh	3300 Enterprise Pkwy.	<input checked="" type="checkbox"/> Add
		Beachwood, OH 44122	<input type="checkbox"/> Remove
Authorized Person	Amanda M. Seewald	3300 Enterprise Pkwy.	<input checked="" type="checkbox"/> Add
		Beachwood, OH 44122	<input type="checkbox"/> Remove
Authorized Person	Kerri Ryan	3300 Enterprise Pkwy.	<input checked="" type="checkbox"/> Add
		Beachwood, OH 44122	<input type="checkbox"/> Remove
Authorized Person	Christian E. Reddersen	3300 Enterprise Pkwy.	<input checked="" type="checkbox"/> Add
		Beachwood, OH 44122	<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 the State of Ohio.

Signed by: April M. Ehrenbeit
CA25CA40C93B4A9
 Signature of the authorized representative

April M. Ehrenbeit, Sr. Director of Tax, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00