M12000005186

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu:	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	_	25.W
MO	Ke	Lv

Office Use Only



700238963617

12 001 - 1 48 In: Se

2012 OCT - I AM .9: LULSBERRY
EXAMINER
OCT 2 2012



CORPORATION SERVICE	COMPANY.

	ACCOUNT NO.	:	12000000	195		
	REFERENCE	:	362806	7404709		
	AUTHORIZATION	:	Sinell	denan		
	COST LIMIT	:	\$ 25.00	Man	ン 	
ORDER DATE :	September 28, 20	12				
ORDER TIME :	4:18 PM					
ORDER NO. :	362806-005					
CUSTOMER NO:	7404709					
						- -
	FOREIGN F	IĻĪ	<u>NGS</u>			
NAME:	EXCEL MCGUIRE	I	LLC			
	TE PARTNERSHIP LIABILITY COMPAN	Y			2012 OCT - 1 SECRETARY TALLAHASSI	1
XXXX AMENDMEN	Г	,			1 mg/	ورسورسور
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FIL	ING:	AH.9: 40 Of STATE E. Florida	
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD ST	AND	ING		ALE: NRIDA	

EXAMINER:

CONTACT PERSON: Susie Knight -- EXT# 2956

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

Name of limited liability company as it appears on the records of the Florida Department of State: Excel McGuire I LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: September 14, 2012
SECTION II (4-7 complete only the applicable changes)
4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? September 28, 2012
5. New name of the limited liability company: Excel Maguire I LLC (must end with "Limited Liability Company, " "L.I.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 end with "Limited Liability Company," "L.L.C." or "LLC.")
6. If the amendment changes the period of duration, indicate new period of duration:
To B
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:
Attached is an original certificate, 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 to organized Signature of a member or the authorized representative of a member
S. Eric Ottesen
Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

_	stration S	ection orporations						
SUBJECT:	Excel M	IcGuire I LLC						
SO IMPO 1.		(Name of Foreign	Limited Lia	bility Compa	ny)			
De ar Sir or N	Madam:				٠			
Th e enclosed	d applicat	ion, certificate and fee(s) are submitte	ed for filing.				
Please return	all corre	spondence concerning the	nis matter to	the following	:			
Jermifer Satt	tley						•	
		(Name of Person)		_				•
Excel Trust,	Inc.			-				
		(Firm/Company)						
17 140 Berna	ardo Cent	er Drive, Suite 300		_				
		(Address)						
Sam Diego, O	CA 92128			_		SEC	2012	
		(City/State and Zip Coo	le)	٠.		RETA	2012 OCT -	1
For futher in	nformatic	on concerning this matter	, please call:			RY O	-	
Jeranifer			at (_858	798-1450	· · · · · · · · · · · · · · · · · · ·	FLOR	AH 9: 1	C
	(Name	of Person)	(Area Code	& Daytime T	elephone Num	iber)	104	
Regis Divis Clifto 2661	stration S sion of Co on Buildi Executiv	orporations		Registrati Division of P.O. Box	G ADDRESS on Section of Corporation 6327 ee, Florida 323	s		
En closed is	a check f	or the following amou	nt:			•		
□ \$25Filing	g Fee	□ \$30 Filing Fee & Certificate of Status		ling Fee & ed Copy	\$60 Filin	of State	us &	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "EXCEL MCGUIRE I LLC",

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "EXCEL

MAGUIRE I LLC", THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2012,

AT 4:33 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

2012 OCT -1 AM 9: 40
SECRETARY OF STATE
TALLAHASSEE &

5202565 8320

121079324

AUTHENTY CATION: 9880359

DATE: 09-28-12

You may verify this certificate online at corp.delaware.gov/authver.shtml