Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000124138 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: REGENCY CENTERS

Account Number: I20040000052

: (904)598-7000

Phone Fax Number

: (904)354-1832

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

| Title e | . 4 | 1 | Address: | |
|---------|-----|---|----------|--|
| 山瓜 | 11 | _ | AUULEBB: | |

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION[™] IRT PARTNERS L.P.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$52.50 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY MAY -8 2017

FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

| · · · · · · · · · · · · · · · · · · · | | بد م <u>د</u> سم |
|---|--|-------------------------------|
| • | | |
| | | 20 Z |
| AMENDMENT TO | CERTIFICATE OF AUTHORI | inv C2 7 |
| AMENDMENTIO | FOR | 20 % |
| TODEICNII | MITED PARTNERSHIP OR | 700 |
| | | |
| TIMILED LIABII | LITY LIMITED PARTNERSHI | |
| 1. The name of the limited partnership or limithe Florida Department of State is: | ted liability limited partnership as it ap | Pepears on the records of |
| IRY Pariners L.P. | | |
| 2. Document Number of Foreign Limited Parts | nership or Limited Liability Limited Ps | artnership: 896000000474 |
| 2. The jurisdiction of its formation is: Georgia | | |
| 3. The date the entity was authorized to transa | et business in Florida is: July 23, 1998 | |
| 4 Y64 1 4 64 | Di bandininan (1855 - 1868) bi (1868) satu | to the disease is at the case |
| 4. If the amendment changes the name of the the new name: | nmited partnership or innited hability i | imited partnership, enter |
| Acceptable Limited Liability Limited Partners: LLLP. 5. If the amendment changes the general partners. | ner(s), list the name and business addre | |
| Name: | Business Address: | |
| | | <u> </u> |
| Equily One, Inc. | 410 Park Avenue, Suite 1220 | Add Remove |
| • | New York, NY 10022 | Change |
| | 146W 107A, 191 10022 | |
| Regency Centers, L.P. | 1 independent Drive, Suile 114 | MAdd |
| Magning daniers and | Timesperiagine Street Country | Remove |
| | Jacksonville, FL 32202 | Change |
| | | |
| | · | Add |
| | • | Remove |
| | | Change |
| | | |
| | | Add . |
| | | Remove |
| | | Change |
| | _ | |
| | | Add |
| | • | Remove |
| • | .in. | Change |
| | | |
| | | Add |
| | | Remove |
| | | Change |

| 6. If the amendment changes the jurisdiction of organization | , indicate new jurisdiction: |
|---|---|
| 7. If the amendment corrects any false statement listed in the corrected and the correction: | e application, indicate the statement being |
| | ORDER DE LA CONTRACTION DE LA |
| | |
| 8. If the amendment is to add or delete an election to be a linthe appropriate box: | nited liability limited partnership statement, check |
| The entity elects to be a limited liability lim | ited partnership. |
| The entity is no longer a limited liability lim | nited partnership. |
| 9. Attached is an original certificate, no more than 90 days o amendment(s), duly authenticated by the official having cust which this entity is organized. | |
| 10. Effective date, if other than the date of filing: | |
| (Effective date cannot be prior to nor more than 90 days afte Department of State.) | r the date this document is filed by the Florida |
| Signature of a general partner: | īā |
| Typed or printed name: | • |
| Berbans C. Johnston, Sentor VP of Regency Centers Corporation, GP of Regency Centers, L.P. | |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | |