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 : (850)222-1092 : (850)878-5368 Fax Number

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

Email Address:

REGISTERED AGENT CHANGE **▼TANGER PROPERTIES LIMITED PARTNERSHIP**

DEC 1.5

| Certificate of Status | Ð |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

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EXAMINER 12/15/2011

COVER LETTER

| TO: | Registration Section Division of Corporations | ,· | |
|---------------------------------------|--|--|-----|
| STORA | ECT: | unger Properties Limited Parmership | • |
| 8000 | Name of Limited Pa | rtnership or Limited Liability Limited Partnership | |
| DOC | JMENT NUMBER: | B98000000483 | |
| | eclosed Statement of Change o are submitted for filing. | f Registered Office and/or Registered Agent | and |
| Please | return all correspondence conc | erning this matter to: | ٠. |
| | | | |
| | Contact Person | | |
| · · · · · · · · · · · · · · · · · · · | Firm/Company | | |
| | Addross | | |
| | City, State and Zip Co | ndp | |
| | jdoox@tangerout | | |
| Е-п | nell address: (to be used for future or | nual report notification) | • |
| For furt | her information concerning th | is matter, please call: | |
| | | st () | |
| | Name of Contact Person | Area Code and Daytime Telephone Num | per |
| Enclose | d is a \$35.00 check made paya | ble to the Florida Department of State. | |
| TREE | T ADDRESS: | MAILING ADDRESS: | |
| | tion Section | Registration Section | |
| Division | of Corporations | Division of Corporations | |
| lifton I | Bullding. | P. O. Box 6327 | |
| | ecutive Center Circle | Tallahassoe, FL 32314 | |
| `allahas | see, FL 32301 | | |

INHS04 (01/06)

limited partnership or limited liability limited partnership STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620,1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to

change its registered office or registered agent, or both, in the state of Florida. Tunger Proporties Limited Partnership Name of Limited Partnership or Limited Liability Limited Partnership 7/27/1998 B9800000048J Date of filing/registration in Florida Florida document number 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CORPORATION SERVICE COMPANY 1201 HAYS STRET Address TALLAHASSEE FL 32301-2525 City, State and Zip 5. The name and Plorida street address of the new registered agent and/or office: C T Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box not acceptable) Plantation. 33324 City, State and Zip 6. Such change(s) is are affective when filed by the Florida Dopartment of State. signing on behalf of general partner.

Tanger GP Trust

Kristin Bolden

and I am familiar with an accept the obligations of my position as 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,

Signatura of Register Agent, Assistant Secretary

Filing Fee:

\$35.00

Curtified Copy (optional): \$52.50

Signature of Conoral Partner

Marie Edwards, Authorized Person