orations) 30000000 (Page 1 of 2

Florida 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.

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To:

Division of Corporations

Fax Number : (850)617-6333

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-10 32

: (850)878-5368

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

| Emaıl | Address: | | | |
|-------|----------|--|--|--|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROLOGIS ALLAGASH FLORIDA LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$55.00 |

JUN 1 4 2011



COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|------------------|--|-------|---------------------------------|-------------------------------------|---|
| SUBJ | | | lagash Flori Limited Liabili | | |
| Dear S | Sir or Madam: | | | | |
| The e | nclosed application, certificate and fee(s | s) a | re submitted for | filing. | |
| Please | return all correspondence concerning t | this | matter to the fo | llowing | ; |
| | Ann M. Schneider | | | | |
| | Name of Person | | | | |
| | Equity Office | _ | | | |
| ***** | Firm/Company | | | | |
| | 2 N. Riverside Plaza, #210 | 00 | | | |
| | Address | | | | |
| | Chicago, IL 60606 | | | | |
| | City/State and Zip Co | de | | | |
| | ann_schneider@equityoff | | | | |
| E-n | nail address: (to be used for future annu | iaj t | eport notificatio | n) | |
| For fu | rther information concerning this matte | er, p | lease oall: | | |
| | Ann Schneider | 8 | at (312) | | 466-3607 |
| | Name of Person | | Area Code & | : Daytin | ie Telephone Number |
| | STREET/COURIER ADDRESS: | | | | ING ADDRESS: |
| | Registration Section Division of Corporations | | | ation Section on of Corporations | |
| Cliffon Building | | | | | ox 6327 |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | | | Tallaha | issee, Florida 32314 |
| | sed is a check for the following amou 5 Filing Fee \$\bigcip \frac{30}{\text{Filing Fee}} & Certificate of Statu | | S55 Filing Certified Co | | S60 Filing Fee, Certificate of Status & |

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)

| 1. | Name of limited liability company as it appears on the records of the Florida Department of State: ProLogis Allagash Florida LLC |
|-----|--|
| 2. | Jurisdiction of its organization: Delaware |
| 3. | Date authorized to do business in Florida: 1/15/2003 |
| | SECTION II (4-7 complete only the applicable changes) |
| | If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 3/8/2011 |
| 5. | New name of the limited liability company: BRE/IPV Allagash Florida LLC (must end with "Limited Liability Company," "LL.C.," or "LLC.") |
| Flo | name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.") |
| 6. | If the amendment changes the period of duration, indicate new period of duration: |
| 7. | If the amendment changes the jurisdiction of organization, indicate new jurisdiction: |
| 8. | If the amendment corrects any false statement, indicate the statement being corrected and the correction: |
| | |

9. 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 is organized.

Signature of a member of the authorized representitive of a member

Ann M. Schneider, Authorized Representative
Typed or printed name of signee

Flling Fee: \$25.00

SECKE MAN SECRETIONS

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAIL "PROLOGIS ALLAGASH

FLORIDA LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "BRE/IPV ALLAGASH FLORIDA LLC", THE EIGHTH DAY OF MARCH,

A.D. 2011, AT 3:10 O'CLOCK P.M.

3611881 8320

110725053

UTHENT CATION: 8835319

DATE: 06-15-11

You may verify this certificate colli