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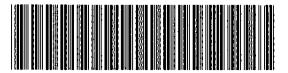
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**EXAMINER** 



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UEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

11 DEC 13 PM 1: 46



ACCOUNT NO. : I2000000195 4360443 REFERENCE : AUTHORIZATION ( COST LIMIT ORDER DATE : December 11, 2011 ORDER TIME : 9:21 AM ORDER NO. : 021433-130 CUSTOMER NO: 4360443 FOREIGN FILINGS NAME: CENTRO GA MORSE SHORES, LLC CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Becky Peirce -- EXT#

### **COVER LETTER**

-	sion of (	Corporations		
SUBJECT:	CENT	RO GA MORSE SHORES	, LLC	
SCDSECT.		(Name of Foreign I	Limited Liability Compa	uny)
Dear Sir or N	Madam:			
The enclosed	d applica	ation, certificate and fee(s)	are submitted for filing.	
Please return	all con	respondence concerning thi	s matter to the following	3:
Felicia A. D	iPaola	•		
		(Name of Person)		
Brixmor Pro	perty G	roup		
		(Firm/Company)		
420 Lexingt	on Avei	nue, 7th Floor		
		(Address)		
New York, i	New Yo	rk 10170		
		(City/State and Zip Code	)	
For further is	nformat	on concerning this matter,	please call:	
		at	L( )	
	(Nam		Area Code & Daytime 7	Selephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
		ve Center Circle Florida 32301	Tallahass	ee, Florida 32314
Enclosed is	a check	for the following amount	:	
🗖 \$25 Filing	Fee	□ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

## 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: CENTRO GA MORSE SHORES, LLC
2	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: 7/20/2005
	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? November 15, 2011
5.	New name of the limited liability company: Delaware (must end with "Limited Liability Company, " "L.L.C.," or "LLC.")
(If Flo	ixmor GA Morse Shores, LLC Iname 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 or the authorized representative of a member
	Steven Siegel
	Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CENTRO GA MORSE SHORES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BRIXMOR GA MORSE SHORES, LLC", THE FIFTEENTH DAY OF NOVEMBER, A.D. 2011, AT 2:45 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.

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Jeffrey W. Bullock, Secretary of State
AUTHENT\CATION: 9218145

DATE: 12-12-11

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