

N21000004067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

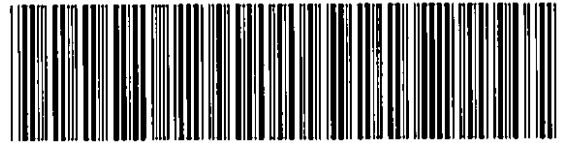
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED

2021 SEP 13 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 SEP 13 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FL

SEP 13 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 995303 4360443

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : September 10, 2021

ORDER TIME : 5:53 PM

ORDER NO. : 995303-005

CUSTOMER NO: 4360443

FOREIGN FILINGS

NAME: BRIXMOR BONITA SPRINGS LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brixmor Bonita Springs LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Brixmor Bonita Springs LLC

Enter new principal office address, if applicable:

450 Lexington Avenue, 13th Floor

New York, NY 10017

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

450 Lexington Avenue, 13th Floor

(Mailing address

MAY BE A POST OFFICE BOX)

New York, NY 10017

2. The Florida document number of this limited liability company is: M21000004047

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 8, 2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee

Florida 32301

City

Zip Code

New Registered Agent's Signature, if changing 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, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Eylina Bahr
Assistant Vice President

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Remove member. Add member and officers.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	ExStra LLC	900 E Hamilton Avenue, Suite 100	<input type="checkbox"/> Add
		Campbell, CA 95008	<input checked="" type="checkbox"/> Remove
Member	BriXmor Operating Partnership LP	450 Lexington Ave., 13th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10017	<input type="checkbox"/> Remove
EVP	Steven Siegel	450 Lexington Avenue, 13th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10017	<input type="checkbox"/> Remove
EVP	Matthew Ryan	450 Lexington Avenue, 13th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10017	<input type="checkbox"/> Remove
EVP	Haig Buchakijan	450 Lexington Avenue, 13th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10017	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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 the authorized representative
BriXmor Operating Partnership LP, Manager
By: BriXmor OP, LP LLC, general partner By: Steven Siegel, EVP

Typed or printed name of signee

Filing Fee: \$25.00