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(Re	equestor's Name)	<u>.</u>		
(Ad	dress)			
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(Cit	ty/State/Zip/Phon	e #)		
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SCRETARY OF STATE

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FEB 0 3 2016

3 MASON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez MARISSA.RATHER-LOPEZ@CSCGLOBAL.COM

Date: January 29, 2016

Order#: 943942/075

Re: VIRGINIA RETAIL PROPERTIES, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Marissa Rather-lopez

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

Name of Limite	IIA RETAIL PR d Partnership or Limite		nited Partners	ship	
2. 07/09/2003 Date of filing/registration		3	A03000	0000984 ment number	
4. The name of the registered ager Department of State:					ida
Bluth, Th	omas M - C/O SI Name	O Manage	ment, LL	С	
3	01 E Las Olas Bo	· —-·)		
F	Address ort Lauderdale	FL	33301		
	City, State ar	nd Zip		2	
5. The name and Florida street add	dress of the new registe	red agent and/o	or office:	2016 FEB	e)maig
	Corporation Service Name	e Company	<u> </u>	8 -2 MRY 1885	
		24		77 0	M
Flori	1201 Hays (da street address (P.O.		able)	STA ATS	
	Tallahassee	FL_	3230,1	5. 5.	
	City, State ar	nd Zip	,		
6. Such change(s) is/are effective Signature of General Partner	when filed by the Flori	da Department	of State.		
I hereby accept the appointment as comply with the provisions of all stand I am familiar with an accept to Comporation Service (tatutes relative to the p	roper and comp	olete perfor <mark>m</mark>		
By:		Elizabeth A.	Dawson /	AVP	
Signature of Registered Agent	→ S/MVR, Inc.,	its general pa	rtner		
Filing Fee: Certified Copy (optional):	\$35.00 \$52.50				