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(Re	questor's Name)	
(1)	,	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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J. HARRIS



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#: 943942/074

Re: VIRGINIA RETAIL PROPERTIES II, 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.

XX 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.

1.	VIRGINIA RETAIL PRO	PERTIE	S II, LTD)	
Na	me of Limited Partnership or Limited	Liability Lir	nited Partners	hip	
2. 03	3/27/2006	3.	A06000	000436	
Date of filing	/registration in Florida	•	Florida docun	nent number	
4. The name of the re Department of State:	gistered agent and the registered office	ce address as	shown on the	records of the Florida	
	Bluth, Thomas M - C/O S	FO Manag	gement		
	Name				
	301 E Las Olas Bo	ulevard 80	0		
	Address				
	Fort Lauderdale	FL	33301		
	City, State and	l Zip		700	
5. The name and Flor	ida street address of the new register	ed agent and/	or office:		eC
	Corporation Service	e Compan	у	· 3/3	1
	Name			200	,
	1201 Hays S	treet			
	Florida street address (P.O. I	Box not accep	table)	B	
	Tallahassee	FL	32301	() 35	
	City, State and				
6. Such change(s) is/	are effective when filed by the Florid	a Department	of State.		
Thomas pr	1 State V. P. T				
Signature of General	Partner				
comply with the provi and I am familiar wit		oper and comition as regis Elizabeth A	iplete perform tered agent. A. Dawson	nance of my duties,	
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50