M11000004464

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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06/06/17--01024--021 **25.00



Office Use Only

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: DT RETAIL	L PROPERTIES, LI	LC
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	500 VOLVO PARKWAY	500	0 VOLVO PARKWAY
	CHESAPEAKE VA 23320	C	HESAPEAKE, VA, 23320
	09/06/2011	M1	1000004464
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATE CREATIONS NETWORK, INC	: .	
	Registered Agent and Registered Office shown on the recor	rds of the Florida Dept.	of State:
	11380 PROSPERITY FARMS ROAD	•	T.
	Registered Office Address (MUST BE FLORIDA STR		
	#221E		
	PALM BEACH GARDENS, FL	, FL <u>33410</u>	-6 SSRY
(b)	Corporation Service Company		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	stered Office address:	M 7:47
	1201 Hays Street NEW Registered Office Address:		
	Tallahassee	, FL_ 32301	
the cha agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the members of organization or the operating agreement of the last of t	ne laws of the State ess of the registered ed liability compar pers of the limited li f the limited liabili	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Authorized Person
Signa	unte of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as proely reflect a change in the registered office addresed in writing of this change. The of Registered Agent Corporation Service Compa	plete performance ovided for in Chapto sss, I hereby confirn	of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed n that the limited liability company has been
3	District of Community of the Community of Co	•	Unberger El 22214