OF 6

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 Phone : (305)520-2344 Fax Number : (305)520-2400

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 _
Email	. Address:	 •

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DTS 3MC RETAIL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SOLUTION IN THE PROPERTY OF TH

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DTS 3MC Retail LL	C
Name of Foreign Li	mited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are s	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Kolleen Cobb Name of Person	
Florida East Coast Industries	, LLC
Firm/Company	
117 NE 1st Avenue, 11th I	Floor
Address	
Miami, FL 33132 City/State and Zip Code	 ন
Kolleen.Cobb@feci.com E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, ple	ease call:
Brianna Hernandez	305 520-2427
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status of Certified Copy
CR2F055 (9/15)	

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)

State: DTS 3MC Retail LLC ter new principal office address, if applicable	117 NE 1st Avenue, 11th Floor
rincipal office address UST RE A STREET ADDRESS	Miami, FL 33132
nter new mailing address, if applicable:	117 NE 1st Avenue, 11th Floor
Agiling address (AY BE A POST OFFICE BOX)	Miami, FL 33132
The Florida document number of this limited li	iability company is: M1600004615
ECTION II (5-9 complete only the applicable	e changes)
. New name of the limited hability company:(mi	ust contain "Limited Liability Company," "L.L.C.," or "LLC.
If name unavailable, enter alternate name adopt	ed for the purpose of transacting business in Florida and attach
f name unavailable, enter alternate name adopted by of the written consent of the managers or must contain "Limited Liability Company," "L.I.	ed for the purpose of transacting business in Florida and attact ananaging members adopting the alternate name. The alternate ac.C." or "LLC.") ered officer address on our records, enter the name of the new
f name unavailable, enter alternate name adopted by of the written consent of the managers or must contain "Limited Liability Company," "L.I. If amending the registered agent and/or registered agent and/or the new registered office	ed for the purpose of transacting business in Florida and attact namaging members adopting the alternate name. The alternate name of the new address here;
opy of the written consent of the managers or tr nust contain "Limited Liability Company," "L.I.	ed for the purpose of transacting business in Florida and attact namaging members adopting the alternate name. The alternate name of the new address here:

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.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:							
Title/ Capacity	<u>Name</u>	Address	Type of Action				
CFO, VP	Enderby, Heather	2855 LE Jeune Road, 4th Floor					
	·	Coral Gables, FL 33134	Rensove				
CFO, VP	Swiatek, Jeffrey C.	161 NW 6th Street, Suite 9	000 Nadd				
		Miami, FL 33136	Remove				
~			Add				
			Remove				
			Add				
		and a superior per a second se	Remove				
			∏ ∆dd				
			Remove				
aforement	n under the law of which this entity is or	by the official having custody of records in	the				

Filing Fee: \$25.00

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850-617-6381

6/15/2018 9:28:25 AM PAGE 1/001 Fax Server



June 15, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DTS 3MC RETAIL LLC 2855 LE JEUNE ROAD 4TH FLOOR CORAL GABLES, FL 33134US

SUBJECT: DTS 3MC RETAIL LLC

REF: M16000004615

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a FL LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section FAX Aud. #: B18000178395 Letter Number: B18A00012484

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AVISION OF CORP.

P.O BOX 6327 - Tallahassee, Florida 32314