

7/19/2019

Division of Corporations

A01000000965

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

**REGISTERED AGENT CHANGE
LEXINGTON MOB PARTNERS, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

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JUL 22 2019

M. SOLOMON

**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. Lexington MOB Partners, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/16/2001 3. A01000000965
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State.

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE, FL 32301-2525

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box not acceptable)

Plantation FL 33324

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

P Belanger
Signature of General Partner

Patricia Belanger, Secretary of General Partner Lexington Equity Investors, Ltd.

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.

Michele Holden
Signature of Registered Agent

Michele Holden, Asst Sect

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

SECRETARY OF STATE
OFFICE OF THE CLERK

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