

B100000000135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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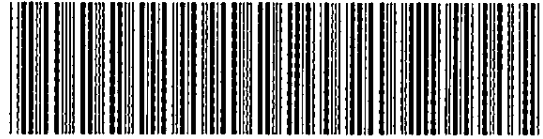
(Business Entity Name)

(Document Number)

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2024 FEB -7 AM 10:24
FEB 7 2024


A. RAMSEY
FEB -8 2024

INFORMATION SYSTEMS
FEB 8 2024

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 310376 7578386

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : February 7, 2024

ORDER TIME : 1:58 PM

ORDER NO. : 310376-030

CUSTOMER NO: 7578386

CHANGE OF AGENT

NAME: LEXINGTON TAMPA LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lexington Tampa L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B10000000135

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Maria Roman

Contact Person

LXP Manager Corp.

Firm/Company

One Penn Plaza, Suite 4015

Address

New York, NY 10119

City, State and Zip Code

mroman@lxp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Roman

at (212) 692-7238

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 Tampa L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/10/2010 3. B10000000135
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
City, State and Zip

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

Beth Boulerice
Name
515 N. Flagler Drive, Suite 4018
Florida street address (P.O. Box not acceptable)
West Palm Beach FL 33401
City, State and Zip

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

Maria Roman
Signature of General Partner

By: Lexington Tampa LP LLC, General Partner
By: LXP Manager Corp. Manager
By: Maria Roman, Assistant Secretary

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.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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FLORIDA DEPARTMENT OF STATE