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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
SALVABASSES, FI GRIDA

SEP 1 6 2013 T CLINE CSC'- WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: September 11, 2013

Order#: 784853/235

Re: LEXINGTON BOCA LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Vera M. Norris

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

ZHR SEP 13 TH Z: Z3

SECRETARY OF STATE
FALLWHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Na	me of the limited liability company: LEXINGTON BC	CA LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)		y: Lexington Realty Trust One Penn Plaza, Suite 4015 New York, NY 10119	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Lexington Realty Trust One Penn Plaza, Suite 4015 New York, NY 10119	
05/02/	2000	L00000004993	
		4. Document number	
5. (a)	Registered Agent and Registered Office shown on	he records of the Florida Dep	
	Registered Agent:	CT Corporation System	
	Registered Office Address:	Plantation, FL 33324	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	77	" ω
	NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street	
		Tallahassee ,F	L 32301
confirmand the liabilithe method the op-	limited liability company is not organized under the le med that after the change or changes are made, the Flee business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the registe ical. Or, in the case of a Florida lives/were authorized by an affirr	red office limited native vote of
	Priebe, Authorized Person	_	
I here comply and I a Chapte addres	or typed name of signee by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity. I fur oper and complete performance o sition as registered agent as prov rely reflect a change in the regist has been notified in writing of th	ther agree to of my duties, vided for in ered office his change.
	te of Registered Agent Corporation Service Company	Graco E Kirby Assistant VD	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**

Grace E. Kirby, Assistant VP

Corporation Service Company