

107000034644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

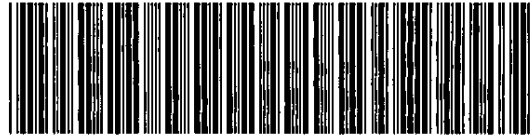
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 JUL -5 AM 8:48

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JUL 6 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2017

MARTA STEWART  
M. STEWART AND COMPANY  
570 LEXINGTON GREEN LANE  
SANFORD, FL 32771

SUBJECT: LEXINGTON 15, LLC  
Ref. Number: L07000034644

We have received your document for LEXINGTON 15, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The form submitted is for a corporation not an LLC.

Please return 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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 917A00012869



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2017

*Corporate Access*

~~MARTA STEWART  
M. STEWART AND COMPANY  
570 LEXINGTON GREEN LANE  
SANFORD, FL 32771~~

*corrected*

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Letter Number: 917A00012869

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TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEXINGTON 15, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

MARTA STEWART  
Name of Person

M. STEWART AND COMPANY  
Firm/Company

570 LEXINGTON GREEN LANE  
Address

SANFORD, FL 32771  
City/State and Zip Code

marta@mstewartandco.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTA STEWART at ( 407 ) 323-8332  
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

\$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: LEXINGTON 15, LLC.

2. (a) 110 LEXINGTON GREEN LANE (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
110 LEXINGTON GREEN LANE  
SANFORD, FL 32771

3. 04-02-07 4. L07000034644  
 Date of filing/registration in Florida Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

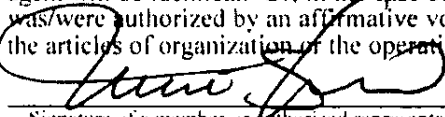
AZIM MANJI  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
110 LEXINGTON GREEN LANE  
SANFORD, FL 32771

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

M. STEWART AND COMPANY  
NEW Registered Office Address:  
570 LEXINGTON GREEN LANE  
SANFORD, FL 32771

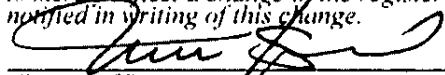
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 DIVISION OF CORPORATIONS  
 2011 JUL -5 AM 8:48

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
 Signature of a member or authorized representative of a member

MARTA STEWART *MONAGOL*  
 Printed or typed name of signee

*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.*

  
 Signature of Registered Agent