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J. SAULSBERRY EXAMINER NOV 19 2010

COVER LETTER

TO: Registration Section Division of Corporations	
1	
	ngton Plaza, LLC
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Waheeda Bharwani	
Name of Person	
Lexington Plaza, LLC Firm/Company	
1426 W.1st Street	20
Address	ALL AHA
Sanford FL 32771 City/State and Zip Code	
azim@qqinvestments.com E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter,	please call:
Waheeda Bharwani at	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 a	mount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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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.

Name of the limited liability company:	Lexington Plaza, LLC
2. (a) Principal office address of limited liability company	1426 W.1st Street
(Note: MUST BE STREET ADDRESS)	Sanford FL 32771
(b) Mailing address of limited liability company:	1426 W.1st Street
(Note: MAY BE POST OFFICE BOX)	Sanford FL 32771
November 15th 2010	L07000037863
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Waheeda Bharwani
Registered Office Address:	115 Timberlachen Circle #1005 LAKE MARY FL 32746
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u>	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1426 W.1st Street
MUST BE I LURIDA STREET ADDRESS	Sanford ,FL32771
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member Waheeda Bharwani Printed or typed name of signee I hereby accept the appointment as registered agent and agent age	NOV 18 PM AHASSEE.F
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	per and complete performance of my duties, lition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

Signature of Registered Agent