

M00000000/980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

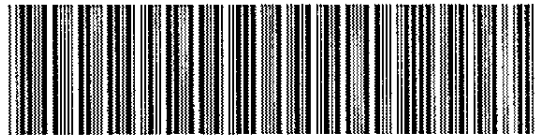
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600106132266

RECEIVED  
07 JUL 31 AM 10:52  
DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

FILED  
07 JUL 31 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NRC



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 028384 7578386

AUTHORIZATION :

COST LIMIT :

25.00

ORDER DATE : July 26, 2007

ORDER TIME : 9:38 AM

ORDER NO. : 028384-140

CUSTOMER NO: 7578386

CHANGE OF AGENT

NAME: ACQUIPORT LAKE MARY 600 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS: \_\_\_\_\_

**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. The name of the limited liability company is: ACQUIPORT LAKE MARY 600 LLC

2. The mailing address of the limited liability company is: c/o Lexington Corporate Properties

Trust, One Penn Plaza, Suite 4015, New York, NY 10019

09/26/2000

M00000001980

3. Date of filing/registration in Florida

4. Document number

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Address

Weston, FL 33331

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FL 32301

City, State and Zip

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.

Maureen Cullen  
(Signature of a member or authorized representative of a member)

Maureen Cullen, Authorized Person

(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 608, 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.*

Sylvia Queppet  
(Signature of Registered Agent) Sylvia Queppet, Asst. VP

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

FILED  
07 JUL 31 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA