

(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



600251621366

09/13/13--01022--009 **25.00

13 SEP 13 PH 3: 08

SECRETARY OF STATE

SEP 20 2013



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#: 784853-025

Re: ACQUIPORT LAKE MARY 600 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 Please return evidence to the following:

Attn: Vera M. Norris

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

SECRETARY OF STATE TALLAHASSEE, 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.

g,		
1. Name of the limited liability company: ACQUIPOR	T LAKE MARY 600 LLC	
2. (a) Principal office address of limited liability con (<i>Note: MUST BE STREET ADDRESS</i>)	pany: c/o Lexington Realty Trust One Penn Plaza, Suite 4015 New York, NY 10119	- 5
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	c/o Lexington Realty Trust One Penn Plaza, Suite 4015 New York, NY 10119	3 SEP 13
09/26/2000	M0000001980	19 mg
3. Date of filing/registration in Florida	4. Document number	STATE LORID 3: 08
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dep	
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Corporation Service Company 1201 Hays Street	
	Tallahassee	,FL <u>32301</u>
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ne Florida street address of the reg dentical. Or, in the case of a Flor ge(s) was/were authorized by an a erwise provided in the articles of o	gistered office ida limited
Dona Priebe, Authorized Person		
Printed or typed name of signee I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I e proper and complete performan y position as registered agent as p o merely reflect a change in the re pany has been notified in writing	further agree to ce of my duties, provided for in egistered office of this change.
By: Xhae C-Khby Signature of Registered Agent Corporation Service Compar	ny Grace E. Kirby, Assistant V	P

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