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K. SALY EXAMINER

SEP 1 6 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#: 784858-024

Re: NEWKIRK WALANDO GP 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.

QUCA.XCOA

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. Name of the limited liability company: NEWKI	RK WALANDO GP LLC
2. (a) Principal office address of limited liability ((Note: MUST BE STREET ADDRESS)	company: Lexington Realty Trust One Penn Plaza, Suite 4015
(NOIE. MOST DE STREET ADDRESS)	
(b) Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	PC V
(HOIC: MAIT BE TOST OF THE BOX)	New York, NY 10119
	THEW TORK, THE TOTAL STATE OF TH
12/14/2001	M01000002791
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of state:
Registered Agent:	CT Corporation System
Registered Office Address:	1200 South Pine Island Road
	Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent:	I/or NEW Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
MOST DE L'EURIDA STREET ADDRES	Tallahassee ,FL 32301
liability company, it is hereby confirmed that the ci	le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
Dona Priebe, Authorized Person Printed or typed name of signce	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.
By: Whose E-Kubly	_
Signature of Registered Agent Corporation Service Con	npany Grace E. Kirby, Assistant VP

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