M0900000462

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(,	
(Cit	y/State/Zip/Phone	; #j
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne) .
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
•		:
		:
; i	Office Use On	iv.



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DEC 23 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: Christopher Masker cmasker@cscinfo.com

Date: December 18, 2013

Order#: 932471-005

Re: LEXINGTON PALM BEACH LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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: Christopher Masker

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

2013 DEC 20 PM 12: 5:

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.

	, or bonn, in the state of 1 to tala.				
1. Na	me of the limited liability company: <u>LEXINGTON PA</u>	LM BEACH LLC			
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: One Penn Plaza, Suite 40 New York, NY 10119	15		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	One Penn Plaza, Suite 40 New York, NY 10119	15		
02/04	/2009	M09000000462			
3. Da	te of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida	Dept. o		
	Registered Agent:	C T Corporation System	3107	골 3	
	Registered Office Address:	1200 South Pine Island Ro	oad 🔯	DEC	Table 1
		Plantation	FL	<u>∼</u> 33324	<u>;</u>
			1		i
(b)	Enter name of NEW Registered Agent and/or NEV	V Registered Office add	ress:	<u>5</u>	
	NEW Registered Agent:	Corporation Service Comp	any	53	
	NEW Registered Office Address:	1201 Hays Street			
(MUST BE FLORIDA STREET ADDRESS)		Tallahassee		L 32301	
confir and th liabili the ma the op	limited liability company is not organized under the lamed that after the change or changes are made, the Flate business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating agreement of the limited liability company.	orida street address of the cal. Or, in the case of a F	registe Iorida l	red offic limited	
	Priebe, Vice President on behalf of Lex GP-1 Trust, General or typed name of signee	ral Partner			
-	eby accept the appointment as registered agent and a ly with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po- ter 608, F.S. Or, if this document is being filed to men ss, I hereby confirm that the limited liability company	gree to act in this capacity per and complete perforn sition as registered agent rely reflect a change in the has been notified in writ	v. I furt nance o as prov e regist ing of th	ther agr f my du vided for ered off his chän	ee to ties, · in ìce ge.
By:	tre of the griph red Agent		.		

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

Corporation Service Company Sylvia Queppet, Asst. Vice President