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(Requestor's	Name)	
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(City/State/Zi	n/Phone #1	
(611), 6141.0.2.	,	
PICK-UP W	AIT MAIL	
(Business En	tity Name)	
(Document Number)		
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13 SEP 13 PN IZ: 04

SEP 1 6 2013 T. LYLLSTON



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#: 784853-060

Re: CHADER ASSOCIATES 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. Na	me of the limited liability company: CHADER ASSO	CIATES LLC	
2 (a)	Principal office address of limited liability company	r c/o Levington Realty Trust	
2. (a)	(Note: MUST BE STREET ADDRESS)	One Penn Plaza, Suite 4015	
		New York, NY 10119	
(1.)	M-11 4 d 612 2 - 4 12 - 4 12	of Lavinston Backs Tour	
(D)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	c/o Lexington Realty Trust One Penn Plaza, Suite 4015	
	THORE. MINT BE TOST OF THE BOX	New York, NY 10119	
		79987-98-0	
03/05/	/2010	M1000001030	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on	he records of the Florida Dept. of State	: :
	Registered Agent:	C T Corporation System	
	Registered Office Address:	1200 South Pine Island Road 7. Co.	
		Transaction, T.E. 35324	<u> </u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address ?	LED
	NEW Registered Agent:	Corporation Service Company 5	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	(Marcol 22 February 1977)	Tallahassee ,FL 323	01
confir and th liabili the me the op	limited liability company is not organized under the le med that after the change or changes are made, the Flue business office of the registered agent will be ident ty company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise reating agreement of the limited liability company.	orida street address of the registered of cal. Or, in the case of a Florida limited was/were authorized by an affirmative	fice d vote of
	Priebe, Authorized Person or typed name of signee	-	
I here compl and I Chapt addre	eby accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity. I further a oper and complete performance of my c sition as registered agent as provided t rely reflect a change in the registered a has been notified in writing of this ch	gree to luties, or in office ange.
By:	Drace L. Kuby		
Signatu	re of Registered Agent Corporation Service Company	Grace E. Kirby Assistant VP	

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

Corporation Service Company Grace E. Kirby, Assistant VP