

M100000002454

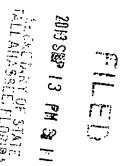
(Requestor's Name)		
(Address)		
(Address)		
•		
(City/State/Zip/Phone #)		
,,		
PICK-UP WAIT MAIL		
(Dusings Fulik Nama)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
¹ 000 4 A 2000		
'SEP 1 6 2013		
A. LUNT		

Office Use Only



700251621507

09/13/13--01022--001 **25.00





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#: 784856-111

Re: LEXINGTON SKOOB 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

28的S層 13 PM 3 II

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.

agein, or com, in the state of 1 to tale.	
1. Name of the limited liability company: <u>LEXINGTON S</u>	KOOB LLC
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: c/o Lexington Realty Trust One Penn Plaza, Suite 4015 New York, NY 10119
(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
06/02/2010	M10000002454
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road ກັນ ເພື່ອ ການ ຂອງ ການ ຂອງ ເພື່ອ ການ ຂອງ ເພື່ອ ການ ຂອງ ເພື່ອ ການ ຂອງ ເພື່ອ ການ ຂອງ ເພື
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Corporation Service Company
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change the members of the limited liability company or as otherwished operating agreement of the limited liability company. Signature of a mamber or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of
Dona Priebe, Authorized Person	
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, sosition as registered agent as provided for in the registered office my has been notified in writing of this change.
By: Linace Likhby Signature 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