

M100000003510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

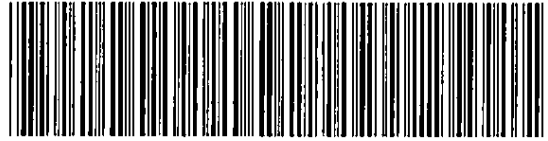
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

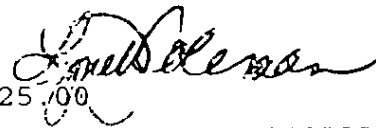
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 310376 7578386

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : February 7, 2024

ORDER TIME : 1:58 PM

ORDER NO. : 310376-025

CUSTOMER NO: 7578386

CHANGE OF AGENT

NAME: LEXINGTON TAMPA GP LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lexington Tampa GP LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Roman

Name of Person

LXP Manager Corp.

Firm/Company

One Penn Plaza, Suite 4015

Address

New York, NY 10119

City/State and Zip Code

mroman@lxp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Roman

212

692-7238

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Lexington Tampa GP LLC

2. (a) <u>515 N. Flagler Drive, Suite 408</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>West Palm Beach, Florida 33401</u>	(b) <u>515 N. Flagler Drive, Suite 408</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>West Palm Beach, Florida 33401</u>
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3. <u>08/09/2010</u> Date of filing/registration in Florida	4. <u>M10000003510</u> Document number
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5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays Street

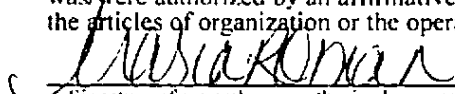
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Tallahassee, FL 32301

(b) Beth Boulerville
Enter name of NEW Registered Agent and/or NEW Registered Office address:

515 N. Flagler Drive, Suite 408
NEW Registered Office Address:
West Palm Beach, FL 33401

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Signature of a member or authorized representative of a member

Maria Roman, Asst. Secretary - LXP Manager Corp.

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Signature of Registered Agent

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