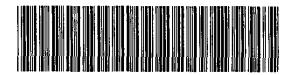
M13000000432

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	_	

Office Use Only



900251621339

09/13/13--01022--012 **25.00

13 SEP 13 PH IZ:

SEP 1 6 2013

T. F. TON



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#: 784853-109

Re: LEX FT. MYERS 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. Na	ame of the limited liability company: LEX FT. MYERS	GP LLC	
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)		: c/o Lexington Realty Advisors, Inc 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 Advisors, Inc One Penn Plaza, Suite 4015 New York, NY 10119	
01/22	/2013	M13000000432	
		4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State	e:
	Registered Agent:	C T Corporation System	
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	<u> </u>	FILED
	NEW Registered Agent:	Corporation Service Company 2	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
		Tallahassee ,FL 323	01
confir and the liabilithe me 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 ident ty company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise training agreement of the limited liability company.	orida street address of the registered of ical. Or, in the case of a Florida limite was/were authorized by an affirmative	ffice d vote of
Dona	Priebe, Authorized Person	_	
I hero compl and I Chapt addre By:	lor typed name of signee eby accept the appointment as registered agent and a ly with the provisions of all statutes 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 me. ss, I hereby confirm that the limited liability company Local Linky are of Registered Agent. Corporation Sorvice Company		gree to luties, for in office ange.
- Enall	ire 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