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

Office Use Only



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2013 SEP 13 PM 12: 58
SECRELARY OF STATE
FALL AHASSET, FLORIDA

B. BOSTICK SEP **1 6** 2013

EXAMINER



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#: 784858-168

Re: XEL OXFORD 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

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MEDRE LARY OF CLAFT
TALLAHASSEE, FLORIDA

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. Naı	me of the limited liability company: XEL OXFORD G	P LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		any: 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, One Penn Plaza, Suite 4015 New York, NY 10119	Inc.
01/22/3	2013	M13000000444	
	e of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dep	,· (20)
	Registered Agent:	CT Corporation System	<u> </u>
	Registered Office Address:	1200 South Pine Island Road, Plantation, FL 33324	<u> </u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	W Registered Office address Corporation Service Company	2: 58
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	MUSI BE PLURIDA STREET ADDRESS)	Tallahassee	,FL 32301
confirmand the liabilit the method the open	imited liability company is not organized under the ned that after the change or changes are made, the Fie business office of the registered agent will be ident y company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the reg ical. Or, in the case of a Flori was/were authorized by an af	istered office da limited firmative vote of
	Priebe, Authorized Person or typed name of signee	-	
	by accept the appointment as registered agent and a wwith the provisions of all statules 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 as, I hereby confirm that the limited liability compan	gree to act in this capacity. I oper and complete performand sition as registered agent as p rely reflect a change in the re y has been notified in writing t	further agree to ce of my duties, provided for in gistered office of this change.
By:	Ywas 2-Kuby re of Registered Agent Corporation Service Company	Grace E. Kirby, Assistant VF	

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