

m20000005806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

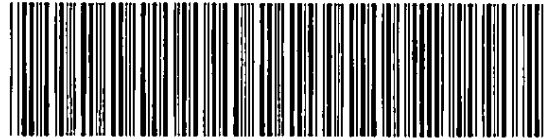
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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LLC RAE RD  
Change

RECEIVED  
2024 FEB -7 PM 3:22  
FALL ARCADE, NEW YORK

2024 FEB -7 PM 1:08

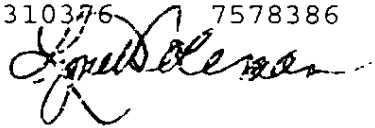
A. RAMSEY  
FEB -8. 2024

FILED

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

ACCOUNT NO. : I20000000195

REFERENCE : 310376 7578386

AUTHORIZATION : 

COST LIMIT : \$ 25.00

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ORDER DATE : February 7, 2024

ORDER TIME : 1:57 PM

ORDER NO. : 310376-015

CUSTOMER NO: 7578386  
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CHANGE OF AGENT

NAME: LEX OCALA 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:** Lex Ocala 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: Lex Ocala LLC

2. (a) 515 N. Flagler Drive, Suite 408 (b) 515 N. Flagler Drive, Suite 408

Principal office address of limited liability company:

*(Note: MUST BE STREET ADDRESS)*

West Palm Beach, Florida 33401

Mailing address of limited liability company:

*(Note: MAY BE POST OFFICE BOX)*

West Palm Beach, Florida 33401

07/01/2020

M20000005806

3. Date of filing/registration in Florida

4. Document number

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 Boulerice

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

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.

Maria Roman  
Signature of a member or authorized representative of a member

Maria Roman, Asst. Secretary - LXP Manager Corp.

Printed or typed name of signee

*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]  
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED  
2024 FEB -7 PM 1:08  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT