## ACCOUNT FILING COVER SHEET

REFERENCE: 2016133 (Sub Account)  DATE: 11-16-99  REQUESTOR NAME: LEXIS	99 NOV 16 PM 2: SECRETARY OF STATALLAHASSEE, FLOR	
ADDRESS:  TELEPHONE: () () exc	DF 22	
CORPORATION NAME: P19897  DOCUMENT NUMBER:	200003045682	<b>-</b> 4
AUTHORIZATION: C. Woodigud  CERTIFIED COPY (1-9)  CERTIFICATE OF STATUS (1-9)  PLAIN STAMPED COPY	PECEIVED  99 NOV 16 AM 11: 50  PERSONAL TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA	
( ) Call When Ready ( ) Call if Problem ( ) Will Wait ( ) Hail Out	( ) After 4:30 ( ) Pick Up	

C. COULLIETTE NOV 1 7 1999

## Florida Department of State, Sandra B. Mortham, Secretary of State

\*..... \*

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the undersigned co	provisions of sections 607.0 poration organized under th	0502, 617.0502, 6 he laws of the Stat	607.1508, or 617.15 Te of TX	508, Florida Statute	s, the
submits the folk State of Florida	owing statement in order to o	change its register	red office or registe	red agent, or both,	in the
<u>-</u>	the corporation is: <u>LEXFOR</u>	D PROPERTIES,	INC.	· · · · · · · · · · · · · · · · · · ·	
		<u></u>	<u> </u>	11	en e
2. The mailing a	ddress of the corporation is:	LEXINGTON PRO			
	IRVING, TX 75063		· · · · · · · · · · · · · · · · · · ·		
3. Date of incor	poration/qualification: 06/				
	address of the current regist			1. <u>F1989/</u>	<del></del>
_	CT CORPORAT	TION SYSTEM	- <del>-</del>	· · · = · · · · ·	4 <u>4.</u>
_	1200 SOUTH	PINE ISLAND R	DAD	TAL	9
_	PLANTATION,	FL 33324		CRE	9.
5. The name and	address of the new registere	d agent and office:	(P. O. Box Not Ac	cceptable)	ē j
· _	LEXIS DOCUM	ENT SERVICES	ENC	Ħ <u></u>	6 [
_	3953 WW KEI	LY ROAD		FIG	<b>3</b> □
	TALLAHASSEE			A TE	<u></u>
The street address agent, as change	ss of its registered office an d, will be identical.	d the street addre	ss of the business	office of its register	red
Such change was	s authorized by resolution de board.	uly adopted by it	s board of director	s or by an officer s	o - '= "
	Klon Cu	nue_		11/w/oc	
(Signature	of an officer, chairman or vice c	hairman of the board	i)	(Date)	<del></del>
	LISA augus	re Sec	<u>.</u> .	•	
·	(Printed or typed name and		<u>* 4</u> ) * * . <u>4 </u>	(Date)	Comment of the commen
I further agree to	ned as registered agent and reby accept the appointment comply with the provision by duties, and I am familian	u us regisiereu u e of all statutoa m	geni ana agree to	act in this capacity	<b>.</b>
- Gelege	haure of Registered Agent)	stole		1/5/99	
If signing on behalf			(I	Date)	
REBECCA HEIS	•		1 a a		
	ped or Printed Name)	<u> </u>	- ASST. (Capac	SECRETARY ity)	
CR2E045(4/95)					

**FILING FEE: \$35.00**