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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

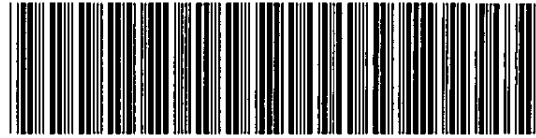
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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5-30-08

BRADLEY W. BUTCHER, P.L.
Attorneys at Law

Bradley W. Butcher, Esq.*
*Admitted in Florida and Michigan

Julianna Rojas-Butcher.

May 15, 2008

Lisa M. Picciotti
President
Lexington Technology, Inc.
P.O. Box 22538
Philadelphia, PA 19110-2538

RE: Registered Agent Change

Dear Lisa:

Please find enclosed a copy of the Statement of Change of Office and Registered Agent for Lexington Technology, Inc., per Dean's request. Please sign the Statement of Change on behalf of Lexington Technology, Inc. and mail it to the Florida Division of Corporations along with a \$35.00 filing fee. I am enclosing an addressed and stamped envelope for mailing the Statement of Change to the Division of Corporations.

If you have any questions or concerns, please feel free to give me a call at (888) 430-8666.

Yours truly,



Bradley W. Butcher
BWB/bwb

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lexington Technology, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000013412

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Lisa M. Picciotti
(Name of Contact Person)

Lexington Technology, Inc.
(Firm/Company)

P.O. Box 22538
(Address)

Philadelphia, PA 19110-2538
(City/State and Zip Code)

For further information concerning this matter, please call:

Bradley W. Butcher, Esq. at (888) 430-8666
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lexington Technology, Inc.
2. The principal office address: 1530 Locust Street, Suite 2B, Philadelphia, PA 19102
3. The mailing address (if different): P.O. Box 22538, Philadelphia, PA 19110-2538
4. Date of incorporation/qualification: 01/26/2006 Document number: P06000013412
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Lisa M. Picciotti
8695 College Parkway, Ste. 300
Fort Myers, FL 33919

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Bradley W. Butcher, Esq.
8981 Daniels Center Drive, Ste. 204E
(P.O. Box NOT acceptable)
Fort Myers, FL 33919

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SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Lisa M. Picciotti
(Signature of an officer or director)

Lisa M. Picciotti, President
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Bradley W. Butcher
(Signature of Registered Agent)

May 15, 2008
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314