## L11000034997

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUP IDOS	A-IL HOLDINGS LLC
	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:
URI SEGEV	
Name of Person	
U-VAL MANAGEMENT & PROMO	TION H C
Firm/Company	
2222 NE 400 CT #4040	
3332 NE 190 ST #1010 Address	<del></del>
AVENTURA, FL 33180	
City/State and Zip Code	
URI@UIHOLDINGS.NET	
URI@UIHOLDINGS.NET E-mail address: (to be used for future annual report	notification)
For further information concerning this matt	ter, please call:
URI SEGEV	700 > 220 0014
Name of Person	at ( 786 ) 228-9814  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	ng 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 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.

Name of the limited liability company:	ELLA-IL HOLDINGS LLC
2. (a) Principal office address of limited liability compar	ny: 3332 NE 190 ST #1010
(Note: MUST BE STREET ADDRESS)	AVENTURA, FL 33180
(b) Mailing address of limited liability company:	3332 NE 190 ST #1010
(Note: MAY BE POST OFFICE BOX)	AVENTURA, FL 33180
MARCH 28, 2011	L11000036997
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	U-VAL MANAGEMENT AND PROMOTION にに
Registered Office Address:	3332 NE 190 ST #1010
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address:  URI SEGEV
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3332 NE 190 ST #1010 ST
Medi be i boxida sixeli abbress)	AVENTURA ,FL33180''
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.
URI SEGEV	
Printed or typed name of signee	agree to get in this agreeity. I feather agree to
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 808, F.S. Or, if this document is being filed to m address, Thereby confirm that the limited liability company.	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in serely reflect a change in the registered office ny has been notified in writing of this change.
Signature of Registered Agent	

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