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CIVISION OF CORPOXATION

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. The name of the limited	l liability company is:	El-Ad Camino	Real LLC		<u>.</u>
2. The mailing address of					
1301 International Parkway,	Suite 200, Sunrise, FL 3	33323			
3/8/2006		<u>** </u>	M0600001403	4.5	 .
3. Date of filing/registration	on in Florida	_a	. Document number		
5. The name of the register Florida Department of S		tered office ad	ldress as shown on the reco	ords of the	
•	American Information S	ervices, Inc.			
·		Name			
	One S.E. Third Avenue,	, 28th Floor			
	,	Address			
	Miami, FL 33131				
• • •	City,	State and Zip			ΝŒ
6. The name and address of	f the new registered ag	gent and/or off	ice:	7 FEB	DIVISION
	VRAI Services, Inc.			22	유정
-		Name			27
2	2731 Executive Park Dri	ive, Suite 4		2	390
	Florida street address	s (P.O. Box N	OT acceptable)	ှိ	က္ကတ္ခ
		•	· · · · · · · · · · · · · · · · · · ·		
	Weston	FL 33331		*****	TARY OF STATE OF CORPORATIONS
	City, S	tate and Zip	,,, , , , , , , , , , , , , , , , , ,		U)
If the limited liability comp confirmed that after the cha and the business office of t liability company, it is here the members of the limited the operating agreement of (Signature of a member or authorize	ange or changes are mander registered agent will be confirmed that the liability company or a the limited liability co	ade, the Floridal be identical. change(s) was as otherwise prompany.	la street address of the reg Or, in the case of a Floric s/were authorized by an af	istered office da limited firmative vo rganization (te of
Charaltichal Authorized De					
Shaoul Mishal, Authorized Re (Printed or typed name of signee)	spresentative				-
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to NRAI Services Inc. (Signature of Registered Agent) Laura Lightholder, Assistant	Secretary		**: : : : : : : : : : : : : : : : : : :	further agree e of my duti rovided for i zistered offic of this chang	e to es, in e e,
Division	of Corporations, P.C	O. Box 6327,	Tallahassee, FL 32314		

FILING FEE: \$25.00

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