MW 00000 5425

| (Re | equestor's Name) | |
|-------------------------|---|-------------|
| , | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| (Ad | ldress) | |
| | | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | 211 |
| | | n data |
| | | |
| | Office Use Or | aly / XV |



400088724634

02/21/07--01021--004 **225.00

SECRETARY OF STATE

EB 21 AH 10:

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.

| I. The name of the lim | ited liability com | pany is: El-Ad Sava | nnah Place LLC | |
|---|--|---|--|---|
| 2. The mailing address | | | | . |
| 1301 International Parkw | ay, Suite 200, Sun | rise, FL 33323 | | |
| 9/29/2006 | | | M06000005425 | · |
| 3. Date of filing/registr | ration in Florida | | 4. Document number | er |
| 5. The name of the regi | | the registered office | address as shown on t | the records of the |
| | American Infor | rmation Services, Inc. | | |
| | | Name | · · · · · · · · · · · · · · · · · · · | . r |
| | One S.E. Third | d Avenue, 28th Floor | | |
| | | Address | | 1 |
| | Miami, FL 331 | | | |
| * / · · · · · · · · · · · · · · · · · · | mam, 12 00 1 | City, State and 2 | Zip | , |
| C met | 641 | - | - | |
| 6. The name and addre | ss of the new regi | istered agent and/or | office: | 5, Q |
| | NDALOdaga | I | | ASS 7F |
| | NRAI Services, | · | | · ** ## ## ## ## ## ## ## ## ## ## ## ## |
| | 2721 Evenutive | Name Park Drive, Suite 4 | | AS N |
| | | | | SH A |
| | Florida stree | t address (P.O. Box | NOT acceptable) | FEB 21 AM 10: 15 ECRETARY OF STATE LLAHASSEE FLORIDA |
| | Weston | FI 3333 | 1 | 5 2 2 3 |
| | weston | | , | |
| | | City, State and Zi | ? | ¥™ o |
| If the limited liability c confirmed that after the and the business office liability company, it is the members of the lim the operating agreement | e change or chang of the registered hereby confirmed ited liability com | ges are made, the Flo agent will be idention that the change(s) apany or as otherwis | orida street address of cal. Or, in the case of was/were authorized b | the registered office a Florida limited v an affirmative vote of |
| (Signature of a member or aut | horized representative | of a member) | · | |
| • | • | | | |
| Shaoul Mishal, Authorize (Printed or typed name of sign | | | | ٠-; |
| I hereby accept the apponently with the provisional I am familiar with Chapter 608, F.S. Or address, I hereby confined the Chapter of Register Agent Laura Lightholder. Assis | elle. | istered agent and ag s relative to the pro- bligations of my pos is being filed to mer ad liability company | ree to act in this capa per and complete perf ition as registered ago ely reflect a change in has been notified in w | city. I further agree to ormance of my duties, at as provided for in the registered office riting of this change. |
| Divi | sion of Corporat | tions, P.O. Box 632 | 7, Tallahassee, FL 3 | 2314 |

FILING FEE: \$25.00

INHS18(10/99)