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SECUETARY DE CANAMA

, TRANSMITTAL LETTER

PO: Registration Section Division of Corporations		
SUBJECT: EBS Partners, LLC		
(Name of Limited Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:		
Frank Silverstein		
(Name of Person)		
EBS Partners, LLC		
(Firm/Company)		
PO Box 547280	T∧s ~	
(Address)	100 NJG 30	
Surfside, Florida, 33154		
(City/State and Zip Code)	آ ساررا	
For further information concerning this matter, please call:	TI SI D SILE SI FI SI D FI SI	
Frank Silversteinat (_305) 9625993	-	
(Name of Person) (Area Code & Daytime Telephone N	lumber)	
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

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 limi	ted liability company is	EBS Par	tners , LLC	·
2. The mailing address				ırfside, Florida, 331
June 30, 2003 3. Date of filing/registration in Florida		L03000024726		
		4. Document number		
5. The name of the regis Florida Department o		istered office	address as shown on t	he records of the
	1000 Island Blvd.		-	
	Aventura FL 331	Address 60 , State and 2	in	·
6. The name and address	!	•	•	25 SE
o, The hame and actions	Brett Feinstein c/	_		
	407 Lincian Road		407 LINCOL	N ROPO TO ZA
	Florida street addre	ss (P.O. Box	NOT acceptable)	
	Miami Beach	FL 3313	39	and and
	City,	State and Zig	,	
If the limited liability co confirmed that after the and the business office of liability company, it is his the members of the limit the operating agreement. (Signature of a member or authorized that the confirmed in the conf	change or changes are to the registered agent we ereby confirmed that the diability company of the limited liability	made, the Flovill be idention to the change(s) or as otherwise company.	orida street address of the	he registered office
Laurie Allen				•
(Printed or typed name of signe	,			•
I hereby accept the appropriate of the comply with the provision and I am figuralliar with a Chapter 608 F.S. Or, it address, I hereby confirm	ointment as registered ons of all statutes relational accept the obligation this document is being that the limited liability.	agent and ag ve to the prop ns of my pos filed to men ity company	ree to act in this capac per and complete perfo ition as registered age ely reflect a change in has been notified in wi	ity. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.
(Signature of Acasistored Agent)		 	-	
Divisi	ion of Corporations, I		·	2314
INHS18(10/99)	FILI	NG FEE: \$2	5.00	