## L030000 36880

_	(Req	uestor's Na	ame)						
	(Addi	ress)		<u> </u>					
	(Add	ress)							
(City/State/Zip/Phone #)									
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er change

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submits agent, or both, in the State	the following sta e of Florida.	tement in order to c	change its regis	the undersi tered office (	gned li or regi:	mited stered
1. The name of the limite	d liability compan	y is: E.L.G. HOLE	DINGS, LLC			
2. The mailing address of	the limited liabilit	y company is: 480	00 North Feder	ral Hwy., ste	305-E	3
Boca Raton, FL 33431			<u> </u>	·		<del></del> -
September 26, 2003						
3. Date of filing/registrati	iber					
5. The name of the registe Florida Department of S	red agent and the r State: Filings, Inc.	registered office add	ress as shown o	n the records	of the	
		Name				*
	3732 N.W. 16th			٠		
Address Ft. Lauderdale, FL 33311						
		City, State and Zip		<b>E</b> 1 1		• •
6. The name and address of	of the new register	ed agent and/or offic	e:		71	
	Law Offices of	Edward A. Guarini	, Jr., P.A.	· - {	: ::	CC.
	4800 North Fed	Name Ieral Hwy., ste 305	5-B	Ę	DEC 12	<b>S</b>
	Florida street ad	dress (P.O. Box NO	T acceptable)	——— !	2	A F
	Boca Raton,	FL 33431		4 =	P .	.2 <u>0</u>
	Ci	ty, State and Zip			ယ္ .	
If the limited liability com confirmed that after the cland the business office of liability company, it is her the members of the limite the operating appreciated	hange or changes a the registered ager reby confirmed that d liability compan	re made, the Florida nt will be identical. t the change(s) was/ y or as otherwise pro	street address of or, in the case of were authorized	of the register of a Florida li I by an affirm	red offi imited native v	ote of
	Art. B	** •		a + + + + + + + + + + + + + + + + + + +		
(Signature of a member or author	ized representative of a r	nember)				
EDWAND A. (Printed or typed name of signee)	FURRING J	a.		, <del>-</del>		
I hereby accept the appoint the appoince of the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confined	intment as register is of all statutes red diccept the oblige this document is be that the funited li	ed agent and agree is lative to the proper of the proper o	to act in this cap and complete pe as registered a reflect a change been notified in	pacity. I further formance of gent as proving the registed writing of the control	her agr f niy du ided foi ered off iis char	ee to ties, r in fice ige.
(Signature of Registered Agent)	Pri	<b>5.</b>				
Divisio	n of Corporation	s, P.O. Box 6327, T	'allahassee, FL	32314		

**FILING FEE: \$25.00** 

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