

(Re	equestor's Name)		
Ave	701 East Coun entura, FL 331	80	
	ty/State/Zip/Phon		
(Bu	siness Entity Nar	ne)	1
(Do	ocument Number)		
Certified Coples	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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	Office Use On	ALL !	



01/09/04-01037-008 **25.00

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 limit	ted liability company is:	Rambar	n Holdings LLC		
2. The mailing address			12550 Biscayne	Blvd STE 507	
	· · · · · · · · · · · · · · · · · · ·		N. Miami Beach		
10/30/03			L03000042039)	
3. Date of filing/registration in Florida		•	4. Document number		
5. The name of the regis Florida Department of	tered agent and the regis f State: Joshua Evans		e address as shown o	on the records of the	
	1500 Bay Rd #114	Name B		-	
	Miami Beach, FL 3:	Address 3139 State and 2	Zip		
6. The name and address	-		-		
	Rami Boaziz	•			
k. · · · · · · · ·	12550 Biscayne Bl	Name vd #507			
	Florida street address	s (P.O. Box	NOT acceptable)	SEC. Of	
	N. Miami Beach	FL 331		A CONTRACTOR OF THE PARTY OF TH	
	-	state and Zi	_	SSE	
the operating agreement	change or changes are m of the registered agent wi ereby confirmed that the ted liability company or of the limited liability co	ade, the Fluill be identi change(s) as otherwis ompany.	orida street address of cal. Or, in the case	of the registered office	
Signature of a member or author	orized representative of a member	er)			
Rami Boaziz			<u>-</u>		
(Printed or typed name of signe I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address, I hereby confir- (Manature of Registed Agent)	ointment as registered a ons of all statutes relative nd accept the obligation this document is being m that the limited liabili	gent and as e to the pro is of my pos filed to men ty company	gree to act in this ca per and complete po ition as registered a rely reflect a change has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.	
Confinence of refreshing a security	, , , , , , , , , , , , , , , , , , , ,	0 D 65	NAME AND ADDRESS OF THE PARTY.	2221	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00