L04000000516

(Requestor's Name)						
(seq,						
LEONARDO VIOTA SESIN						
ATTORNEY AT LAW						
5950 W. 16th Avenue						
Hialeah, Florida 33012						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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JIVISION OF CORPORATION OF ALL PH 2: 13

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 liability company is: E.E.L.A. INTERNATIONAL, L.L.C.

2. The mailing address	of the limited liability of	company is:	3355	N.W.	167 5	neer_	
MiAMI FIO.	rida 33056						
1-5-04			L-04000000516				
3. Date of filing/registr	ration in Florida		4. Document number				
5. The name of the regin Florida Department of	stered agent and the reg of State: Filings, I 3732 NW. Ft. Laudera City	ー かと Name	· · · · · · · · · · · · · · · · · · ·		04 JAN -0	-=	
6. The name and address	ess of the new registered				= 1	STAN	
o. The name and address	ALBERT Z. 33.55 N.W. Florida street address	Name /67 Sess (P.O. Box	TREET NOT accep	•	,	STATE RATIONS 2: 13	
	MIAM! City,	FL 3	3056				
confirmed that after the and the business office liability company, it is the members of the lim the operating agreemen (Signature of a member of anti-	ompany is not organized change or changes are of the registered agent whereby confirmed that the diability company of the limited liability horized representative of a memorized represen	d under the la made, the Flowill be identi- ne change(s) or as otherwis company.	aws of the Sta	ate of Flor	tha maainta	ead office	
ALBERT (Printed or typed name of sign	BUSTINZA		-				
I hereby accept the appropriate the comply with the provision and I am familiar with Chapter 608, F.S. Or address, Lhereby configuration of Registered Agents (Signature of Registered Agents)		agent and ag ive to the pro ons of my pos g filed to mer lity company	gree to act in per and com ition as regi ely reflect a has been no	this capa plete perf stered age change in tified in w	city. I furt ornunce o ent as prov the regist riting of th	her agree to f my duties, ided for in ered office uis change.	
Divi	sion of Corporations, l	P.O. Box 632	27, Tallahass	see, FL 3	2314		
INHS18(10/99)	FIL	ING FEE: \$2	25.00				