04 0000 12816

(Requestor's Name)	_
•	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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SECRETARY OF STATE

FEB 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.

1. The name of the limite	ed liability company is	s: El-Ad South	LLC	· 	· ,	
2. The mailing address of	f the limited liability of	company is: _				
1301 International Parkway	, Suite 200, Sunrise, FL	_ 33323				
2/17/2004			L04000012816	· · · · · · · · · · · · · · · · · · ·		٠,
3. Date of filing/registration in Florida		* * * * * * * * * * * * * * * * * * * *	4. Document number	er		
5. The name of the register Florida Department of	ered agent and the reg State:	ristered office a	address as shown on	the records o	f the	
4	Charles Curley, Jr., E	sq.				
		Name				-
	1301 Riverplace Blvd	., suite 1500				
		Address	-	75.		
	Jacksonville, FL 3220					
	City	y, State and Zij	0	.	≥ s	Ċ
6. The name and address	of the new registered	agent and/or o	ffice:		ECHILIAN LAHASSI	7550
	NRAI Services, Inc.				- <u>8</u> 2€ ^	ر
		Name			H =	•
	2731 Executive Park D	Orive, Suite 4			四节 皇	,
	Florida street addre	ess (P.O. Box N	NOT acceptable)		OF STATE	
	Weston	FL 33331			— · ယ	
	City,	State and Zip	·	·		
If the limited liability con confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of	hange or changes are the registered agent very confirmed that the disability company of	made, the Flor will be identica ne change(s) w r as otherwise	ida street address of 1. Or, in the case of as/were authorized b	the registered a Florida lim ov an affirmat	d office lited tive vote of	
(Signature of a member or author	ized representative of a mem	iber)	· ***** 4		÷.,	
Shaoul Mishal, Authorized F (Printed or typed name of signee)					•	
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm NRAI Sergices. Inc. (Signature of Registered Agent) Laura Lightholder, Assistant	intment as registered is of all statutes relating discount of a comment is being that the limited liabile.	 <u>=</u> =		à	r agree to 1y duties, 2d for in 2d office change.	

FILING FEE: \$25.00

INHS18(10/99)