## 104660019512

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Coples	Certificates	s of Status
Special Instructions to	Filing Officer:	
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02/21/07--01021--004 \*\*225.00

SECHETARY OF STATE

7 FEB 21 AM 10: 01

## 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: El-Ad Villaggio	LLC		
2. The mailing address of the limited liability company is:			
1301 International Parkway, Suite 200, Sunrise, FL 33323	•		
3/12/2004 L	04000019512		
3. Date of filing/registration in Florida 4.	Document number		
5. The name of the registered agent and the registered office ade Florida Department of State:	dress as shown on the records of the		
American Information Services, Inc.			
Name	The Table American		
One S.E. Third Avenue, 28th Floor			
Address	- O		
Miami, FL 33131	ALL SEC		
City, State and Zip	全 <b>岩</b> 田		
6. The name and address of the new registered agent and/or office:			
NRAI Services, Inc.			
Name 2731 Executive Park Drive, Suite 4	FEB 21 AM IO: 08 ECHETARY OF STATE LLAHASSEE, FLORIDA ee:		
Florida street address (P.O. Box NO	OT acceptable)		
Weston FL 33331	<del></del>		
City, State and Zip	· · · <del>- · · ·</del>		
If the limited liability company is not organized under the laws confirmed that after the change or changes are made, the Florida and the business office of the registered agent will be identical. liability company, it is hereby confirmed that the change(s) was the members of the limited liability company or as otherwise prothe operating agreement of the limited liability company.	a street address of the registered office Or, in the case of a Florida limited /were authorized by an affirmative vote of		
(Signature of a member or authorized representative of a member)			
(Signature of a member of authorized representative of a member)			
Shaoul Mishal, Authorized Representative (Printed or typed name of signee)	ing section of the s		
Laura Lightholder, Assistant Secretary	· · · · · · · · · · · · · · · · · · ·		
Division of Corporations, P.O. Box 6327, 7	fallahassee, FL 32314		

FILING FEE: \$25.00

INHS18(10/99)