L04000062809

(Red	questor's Name)	
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SECRETARY OF STATE

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 Nob H	HIII LLC	 ;-
2. The mailing address o				
1301 International Parkway	r, Suite 200, Sunrise, Fl	L 33323		
8/24/2004			L04000062804	, 4
3. Date of filing/registrat	ion in Florida	2 Tagenda	4. Document number	
5. The name of the register Florida Department of		gistered office	address as shown on th	e records of the
	American Information	Services, Inc.		
		Name		
	One S.E. Third Avenu	ue, 28th Floor_		0. ×
		Address		7 GE
Miami, FL 33131 City, State and Zip				EB KO
	Cit	y, State and Zi	ip	2 787
6. The name and address	of the new registered	agent and/or o	office:	ORPCORP
	NRAI Services, Inc.			S IS
	2731 Executive Park I	Name Drive, Suite 4		OF STATE DRPORATION AM 11: 13
	Florida street addre	ess (P.O. Box	NOT acceptable)	,
 .	Weston	FL 33331		
	City,	, State and Zip	•	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes are f the registered agent reby confirmed that the ed liability company of	made, the Flo will be identic he change(s) vor as otherwise	rida street address of the	ne registered office Florida limited
(Signature of a member or author	rised representative of a men	nber)	er to the factor of	, t
Shaoul Mishal, Authorized (Printed or typed name of signee			e such	erio de la central de la c
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services Inc. (Signature of Registered Agent) Laura Lightholder, Assistar	nt Secretary	:=10	Marin Street of St. T. Co.	78 (10) (20) (20)
Divisio	on of Corporations,	P.O. Box 632	7, Tallahassee, FL 32.	314

FILING FEE: \$25.00

INHS18(10/99)