## L040000 (2813

(Requestor's Name)	
(Address)	1000 B 10
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	02/21/
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer;	
2977	)



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02/21/07--01021--004 \*\*225.00

SECRETARY OF STATE

FEB 21 AH 10: 0

## 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.

	•	<b></b>		•		
1. The name of the limit	ed liability company is:	El-Ad/API H	oldings LLC			<del></del> : .
2. The mailing address of	of the limited liability co	ompany is : _		<del></del>		<del>·</del>
1301 International Parkwa	y, Suite 200, Sunrise, FL	33323				
8/24/2004	<del></del> -		L04000062813	•		
3. Date of filing/registra	tion in Florida	- <del></del>	4. Document num	ber		,
5. The name of the regist Florida Department of		stered office	address as shown or	ı the record	ls of the	
-	American Information S	Services, Inc.				
en de la companya de		Name	· · · · · · · · · · · · · · · · · · ·		*	
	One S.E. Third Avenue	e. 28th Floor				
		Address		~		
	Miami, FL 33131					
		, State and Zi	p		*	
6. The name and address	of the new registered a	igent and/or o	office:			
	NRAI Services, Inc.					
		Name	7			
	2731 Executive Park Dr	rive, Suite 4			$\mathbb{A}_{\Sigma}$	07
	Florida street addres	ss (P.O. Box )	NOT acceptable)	,		FEB
	Weston	FL 33331			经至	<i>№</i> -
	City, S	State and Zip			H~	<u>→</u>
If the limited liability conconfirmed that after the cand the business office o liability company, it is he the members of the limit the operating agreement	change or changes are not the registered agent we confirmed that the ed liability company or	nade, the Flor vill be identic e change(s) w as otherwise	rida street address o al. Or, in the case o /as/were authorized	f the registe f a Florida by an affir	edetoffi Haffied mative v	10:07 of
(Signature of a member or autho	rized representative of a memb	per)				
Shaoul Mishal, Authorized (Printed or typed name of signee		<del></del>	. • .		÷	
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services, Inc.	a	ngent and agr ve to the prop ns of my posi filed to mere tty company h	ree to act in this cap er and complete per tion as registered a ly reflect a change ias been notified in	acity. I fur rformance o gent as pro- in the regis writing of i	ther agr of my du vided fo tered of this char	ree to ities, r in fice nge.
(Signature of Registered Agent) Laura Lightholder, Assista		.O. Box 6327	7, Tallahassee, FL	32314		τ. ,,

**FILING FEE: \$25.00** 

INHS18(10/99)