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ECRETARY 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 limited	d liability company is: E	I-Ad Poinciana	LLC				. <u> </u>	
2. The mailing address of	the limited liability com	pany is :					•	
1301 International Parkway,	Suite 200, Sunrise, FL 333	323						
11/22/2004		L04	4000084920					
3. Date of filing/registration in Florida		· -	4. Document number					
5. The name of the registe Florida Department of S	red agent and the register State:	ed office addr	ress as show	n on th	ie recor	ds of the)	
	American Information Serv	vices, Inc.						
	N	lame					- 1 -	
	One S.E. Third Avenue, 28	8th Floor		<u>≥</u> S	73			
		ddress		三二.				
	Miami, FL 33131			££	833			
•		ate and Zip		775≯ 775€	2	F-1274		
6. The name and address of	of the new registered agen	nt and/or office	e:	70 Y	_ >			
	NRAI Services, Inc.			 	Ģ	U		
	Nar 2731 Executive Park Drive,				38	*		
•	Florida street address (I	P.O. Box NO1	r acceptable) ~	. •		* *.	
	Weston I	EL 33331						
	City, State	e and Zip						
If the limited liability comeonfirmed that after the chand the business office of liability company, it is here the members of the limited the operating agreement of	ange or changes are made the registered agent will be eby confirmed that the chall liability company or as of the limited liability com	e, the Florida so identical. Consideration of the constant of	street addres Or, in the cas vere authoris	ss of th se of a zed by	e regist Florida an affir	tered off limited mative	vote of	
(Signature of a member or authorize	zed representative of a member)	•	***			• •		
Shaoul Mishal, Authorized R (Printed or typed name of signee)	epresentative				·		.	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm NRAL Services, Inc. (Signature of Registered Agent) Laura Lightholder, Assistant	Secretary	- ''		4		rther ag of my di wided fo stered of this chai	ree to uties, r in Jice nge.	
Division	of Corporations, P.O.	вох 6327, Та	illahassee, I	L 323	314			

FILING FEE: \$25.00

INHS18(10/99)