## L05000018722

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(Address)						
(City/State/Zip/Phone #)						
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## 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 limit	ed liability comp	pany is: El-Ad Edge	water LLC			*
2. The mailing address of						<u> </u>
1301 International Parkway	y, Suite 200, Sunr	ise, FL 33323		· ».z.,		·
2/23/2005		•	L05000018722			
3. Date of filing/registra	tion in Florida	· #-	4. Document nun	nber		
5. The name of the regist Florida Department of		he registered office	address as shown o	on the record	s of the	<del>;</del>
•	American Infor	mation Services, Inc.	~ 10.00			-4.
		Name				
4	One S.E. Third	Avenue, 28th Floor				, . <u>.</u>
	Mr: El codo	Address			0	D)
	Miami, FL 3313	City, State and Z	.ip			)33 )33 )33
6. The name and address	of the new regis		*		EB 2	SE CY A
	NRAI Services,	lnc.		-	·	RON DAYE
		Name	<u> </u>	·=	~ <u>-</u>	35°
-	2731 Executive	Park Drive, Suite 4			_ မှ	
	Florida street	address (P.O. Box	NOT acceptable)		0	SHO E
	Weston	FL 3333		#* · *	4	
, , , , , , , , , , , , , , , , , , , ,		City, State and Zi	Þ			
If the limited liability cor confirmed that after the c and the business office of liability company, it is he the members of the limite the operating agreement of	change or change of the registered a creby confirmed and liability comp	es are made, the Flor agent will be idention that the change(s) to bany or as otherwise	orida street address of the case	of the registe of a Florida l	red offi limited	
(Signature of a member or auth	ded representative o	f a member)	سبديمت د س	=	, .	عداد ،
Shaoul Mishal, Authorized (Printed or typed name of signee			yyer ≃ eret e -	Transport	, 23	P 14
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.	intment as regis ns of all statutes nd accept the ob this document is n that the limited	stered agent and ag relative to the pro- ligations of my pos- s being filed to mer d liability company	ree to act in this ca per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I furl erformance of igent as provi in the regist i writing of the	ther agi of my du rided fo ered of his chai	ree to uties, r in fice nge.

Laura Lightholder, Assistant Secretary
Division of Corne

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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