## L05000029677

(Re	equestor's Name)	
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. PICK-UP	WAIT	MAIL
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<u>.</u>		
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 6 2009

EXAMINER

## 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	ted liability compar	ny is: _TZION, L	LC .	:		<u> </u>
2. The mailing address of						
11111 Biscayne B	oulevard, Suite 1	20, Miami, FL 3	3181			
March 24, 2005		<u> </u>	L0500002967	77	;	·
3. Date of filing/registra	tion in Florida	_	4. Document num	ıber		
5. The name of the regist Florida Department of	tered agent and the	registered office	address as shown o	on the record	s of the	
	Yaron Horesh	<u> </u>				•
		Name		•		
	11111 Biscayn	e Boulevard, Su Address	ite 120			
	Miami, FL 331	81		$\mathbf{z}_{v}$	0	
•		City, State and Zij	p	<u> </u>	9 P	
6. The name and address	of the new registe	red agent and/or o	ffice:	25 25		
· · · · · · · · · · · · · · · · · · ·	NRAI Services	Inc.		. SE	ွှဲ တဲ	
		Name		. m	2 22	П
	2731 Executive	Park Drive, Suit	te 4	70	AH =	
	Florida street ad	ldress (P.O. Box N	NOT acceptable)	OR A	<b>.</b>	
•			_	, D	~~	
•	Weston	FL 33331			ì	٠.
•	C	ity, State and Zip	•		•	
If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the lip or the operating agreement.	change or changes a f the registered age ereby confirmed the mited liability com	are made, the Florent will be identicated at the change(s) we pany or as otherw	ida street address only Or, in the case of as/were authorized	of the registe of a Florida I I by an affirr	red offic limited native v	ote
min	Un_	<del></del>		. "."		<i>.</i> .
(Signature of a member or autho		member)			<u>.</u>	
Michael Arman Authorized Sigr	natory			,		
(Printed or typed name of signee						٠
I hereby accept the apportunity 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)	nintment as register ins of all statutes re ind accept the obligation of all initial document is he in that the limited lie	red agent and agri- lative to the prope ations of my positi eing filed to merel ability company h	ee to act in this cap er and complete pe ion as registered a y reflect a change as been notified in	pacity. I furl rformance of gent as prov in the regist writing of th	her agro	ze to les, in ce ge.
(asgusture of Registered Agent)	Sean L. Emeric	k, Asst. Secy	7• . 1		:	•

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)