105000032139

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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 lim	ited liability con	npany is: El-Ad Arl	oor Lakes LLC			
2. The mailing address	of the limited li	iability company is				
1301 International Parkw	ay, Suite 200, Su	nrise, FL 33323	. —			, , ,
04/01/2005	- ''		L05000032139	x . 2	ž.	4 7
3. Date of filing/registr	ation in Florida		4. Document numb	er	· ·	- T
5. The name of the regi Florida Department of	stered agent and of State:	the registered offi	ce address as shown on	the recor	ds of tl	1e
- · ·	American Info	ormation Services, Ir	ic.			
		Name		f 6 88	:	• • • • •
	One S.E. Thir	rd Avenue, 28th Floo	r			
		Address	-	* * 5*	**	
- +	Miami, FL 33				_	Ö
		City, State and	Zip	•	07	VSE
6. The name and addres	ss of the new reg	gistered agent and/e	or office:		FEB	CRET
	NRAI Services	s. inc.			2	
	<u></u>	Name		<u>.</u>	PX	300
	2731 Executiv	re Park Drive, Suite	ţ		I	S S
	Florida stre	et address (P.O. Bo	ox NOT acceptable)	™ _{ere} .	3: 46	TATE
	Weston	FL 333	331		01	Ē,
		City, State and 2	Zip			- r .
If the limited liability co confirmed that after the and the business office liability company, it is lead the members of the limithe operating agreemen	change or chang of the registered hereby confirme	ges are made, the I I agent will be iden d that the change(s	Florida street address of tical. Or, in the case of was/were authorized l	`the regist `a Florida by an affir	tered of limite mative	ffice d vote of
Signature of a member or auth	orized representative	of a member)	— s e las assertes estados.			
Shaoul Mishal, Authorize	d Representative					
(Printed or typed name of sign	ce)	<u> </u>		<u> </u>	•	۲۰.
I hereby accept the appropriate the appropriate that I am familiar with a Chapter 608, F.S. Or address, I hereby confit NRAI Services, Inc.		ristered agent and it es relative to the pro- bligations of my po- is being filed to mo ed liability compar	agree to act in this cape oper and complete per osition as registered ag erely reflect a change in y has been notified in v		rther a of my i wided j stered o this ch	gree to duties, for in office ange.
(Signature of Registered Agent Laura Lightholder, Assist		- ,	were to a constant	e**		•••
		ations, P.O. Box 6.	327, Tallahassee, FL	32314		

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