L07000013539

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ERILLC (Name of Limited	d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
(Name of Person)	· · · · · · · · · · · · · · · · · · ·
(Firm/Company)	
600 W LAS OLAS SUETE	2205
TORT LAIDERDATE, F1 333 (City/State and Zip Code)	12
For further information concerning this matter, ple	ase call:
(Name of Person) at (954 <u>740 1419</u> (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

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1. The name of the limited liability company is:	ENI, LLC
2. The mailing address of the limited liability comp	pany is: 412 SN 13TH TERPACE.
	TOTT LAWERDAVE, FL 33312.
7/16/2007	L0700073539
3. Date of filing/registration in Florida	4. Document number
Ad FORT LANSE City, Sta City, Sta JUSTIN PEN	A SECRETARY OF STATE TALLARY OF STATE And/or office: A SECRETARY OF STATE A MIO: 56 A MIO: 56
	P.O. Box NOT acceptable)
FORT LANDERONG	EL 33312 e and Zip
City, Stat	e and Zip
If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the chof the members of the limited liability company or or the operating agreement of the limited liability company or (Signature of a member or authorized representative of a member) (Printed or typed name of signee)	e, the Florida street address of the registered office
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm/that the limited liability of	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, I my position as registered agent as provided for in different to the difference of the company has been notified in writing of this change.

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

INHS18 (8/05)

(Signature of Registered Agent