

L09000053050

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES LLC COA
Account Number : I20080000085
Phone : (770) 777-2091
Fax Number : (770) 220-1943

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG -3 AM 9:27

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

ERO HOLDINGS LLC

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AUG - 4 2009

EXAMINER

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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. Name of the limited liability company: ERO HOLDINGS LLC

2. (a) Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)18851 NE 29th Ave Suite 722
Aventura, FL 33180

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)18851 NE 29th Ave, Suite 722
Aventura, FL 3318006/01/2009

3. Date of filing/registration in Florida

L09000053050

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Robert Rash

Registered Office Address:

1330 15th StreetSuite 3Miami Beach, FL 33139(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:NEW Registered Agent:NRAI Services, Inc.NEW Registered Office Address:2731 Executive Park Drive(MUST BE FLORIDA STREET ADDRESS)Suite 4Weston, FL 33331

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

David C. Peck, Authorized Person

Printed or typed name of signor

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILING FEE: \$25.00

(N151W (05/06))

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