LU9000103998

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B. KOHR

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EXAMINER

DIVISION OF CORPORATION

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COVER LETTER

TO:	Registration Section Division of Corporations	6	
SUBJECT: Peled		ed Holdings LLC	
		ited Liability Company	
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concerning thi	s matter to the following:	
	Jeannie M. Kauk		
	Name of Person		
	Nathan Sommers Jacobs Firm/Company		
	2800 Post Oak Blvd., 61st Floor Address		
	Houston, Texas 77056 City/State and Zip Code		
E	jkauk@nathansommers.com -mail address: (to be used for future annual report notif	ication)	
For fi	urther information concerning this matter,	please cail:	
	Jeannie M. Kauk a	t (
	Name of Person	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 amount:			
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

_ _*	
STATEMENT OF CHANGE OF REGISTERED OFFI BOTH FOR LIMITED LIABILITY COMPANY	رن تا ح
Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned liquied r to change its registered office or registered
Name of the limited liability company:	Peled Holdings LLC
2. (a) Principal office address of limited liability company	·
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
June 30, 2004	L09000103998 L04000049215
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CT Corporation
Registered Office Address:	1200 South Pine Island Road Plantation, Florida 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	Barry L. Miller
<u>NEW Registered Office Address;</u> (MUST BE FLORIDA STREET ADDRESS)	11 N. Summerlin Avenue, Suite 100
	Orlando "FL32801
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	
Shraga Peled Printifed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of any factority the obligations of my possible to the chapter 608, F.S. Or if this document is being filed to the address, I have by confirm that the limited kapility company	gree to act in this capacity. I further agree to oper and complete performance of my duties, silion as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Appa	

7.-

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