· L10000041544

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EXAMINER

COVER LETTER

ГO:	Registration Section Division of Corporations		
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SHR.	JECT:	OR3	Peled LLC
, C 13.			Liability Company
Dear	Sir or Madam:		
Γhe ε	enclosed Registered Agent/Registered	Office (Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning	g this m	atter to the following:
	Jeannie M. Kauk		
	Name of Person		
	Nathan Sommers Jacobs	<u> </u>	
	Firm/Company		
	2800 Post Oak Blvd., 61st F	loor	
	Address		
	Houston, Texas 77056		
	City/State and Zip Code		
	jkauk@nathansommers.co	m notification	on)
For f	urther information concerning this mat	tter, plea	ase call:
	Jeannie M. Kauk	at (713) 892.4899
	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	ing amo	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. OR3 Peled LLC 1. Name of the limited liability company: _ 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) L10000041544 April 19, 2010 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: CT Corporation Registered Agent: 1200 South Pine Island Road Registered Office Address: Plantation, Florida 33324 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Barry L. Miller **NEW** Registered Office Address: 11 N. Summerlin Avenue, Suite 100 TMUST BE FLORIDA STREET ADDRESS) Orlando . 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 of authorized representative of a member Shraga Peled Printed or typed name of signee 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 618, F. F. Or, if this document is being filed to merely reflect a change in the registered office address, I wrety confirm that the limited liability company has been notified in writing of this change.

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

Signature of Registered Agent