L110000083860

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2012 FEB 21 AM 8: 34
SECRETARY OF STATE.

J. SAULSBERRY EXAMINER

FEB 22 2012

NewCo Corporate Services, Inc.

875 Avenue of the Americas Suite 501 New York, New York 10001

Telephone: (212) 356-8340

Internet Address: maria@newcocorporate.com

Fax: (212) 356-8379

Date:

Secretary of State of Flordia Division of Corporations P.O. Box 6327 Tallahassee. FL 32314

RE:

ERAN LOGISTICAL SERVICES LLC

Change of Agent - Florida

Dear Sir/Madam:

Enclosed please find Statment of Change of Registered Office or Registered Agent or Borth for Limited Liability Company on behalf of the above entity, together with a check for \$ 25.00.

Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there are any problems, please contact the undersigned immediately at the following tollfree number 1-888-336-3926 or 212-356-8340.

Thanking you in advance for your prompt attention to this matter.

Maria E. Garcia

Senior Corporate Specialist

Encls.

CHECK#: 34606 AMOUNT: 25. 1/2x

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.

Name of the limited liability company:	Eran Logistical Service	s LLC
2. (a) Principal office address of limited liability comp	pany:	
(Note: MUST BE STREET ADDRESS)	267 Carleton Avenue Suite 202 Central Islip, New York 11722	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	267 Carleton Avenue Suite 202 Central Islip, New York 11722	
07/21/2011	L11000083860	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida I	Dept. of State:
Registered Agent:	Levitin, Shai	2012
Registered Office Address:	8877 Valhalla Drive DelRay Beach, FL 334	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NRAI Services, Inc.	8: 34 OR D
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 East Park Avenue Tallahassee	.FL32301
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the limited liability or as of the limited liabili	the laws of the State of Florida he Florida street address of the dentical. Or, in the case of a F	registered office Florida limited in affirmative vote
Lee S. Pershan-Authorized Representative Printed or typed name of signee	Ministration -	
I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compress Services, INC. May but Mar	nd agree to act in this capacity e proper and complete perform y position as registered agent o merely reflect a change in the pany has been notified in writi). I further agree to nance of my duties, as provided for in e registered office ing of this change.
Signature of Registered Agent	Jaroza appe beere	J

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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1. Name of the limited liabili	ty company:	Eran Logistical Services	LLC	
2. (a) Principal office addres	s of limited liability co	ompany:		
(Note: MUST BE ST	TREET ADDRESS)		267 Carleton Avenue Suite 202 Central Islip, New York 11722	
(b) Mailing address of lim	ited liability company:			
(Note: MAY BE POS	ST OFFICE BOX)	267 Carleton Avenue Su Central Islip, New York 1		
07/21/2011		L110000838	360	
3. Date of filing/registration i	n Florida	4. Document number		
5. (a) Registered Agent and	Registered Office show	wn on the records of the Florida De	ept. of State:	
Registered Agent:		Levitin, Shai	Levitin, Shai	
Registered Office Address:		8877 Valhalla Drive DelRay Beach, FL 3344		
			2012 TALE	
(b) Enter name of <u>NEW R</u>	egistered Agent and/	or NEW Registered Office addres		
NEW Registered Ager	nt:	NRAI Services, Inc.	SSZ C	
NEW Registered Offic (MUST BE FLORIDA	ce Address: <u>4 STREET ADDRESS</u>	515 East Park Avenue	E OF S	
		Tallahassee	<u> </u>	
confirmed that after the chang and the business office of the i liability company, it is hereby	e or changes are made, registered agent will be confirmed that the challability company or as the limited liability confirmed find the challability confirmed find the limited f	er the laws of the State of Florida, in the Florida street address of the releidentical. Or, in the case of a Florida street authorized by an sotherwise provided in the articles impany.	egistered office orida limited affirmative vote	
Lee S. Pershan-Autho	orized Representative	e _ ·		
Printed or typed name of signee		_		
I hereby accept the appointment of the comply with the provisions of and I am familiar with and acceptanted in the confirm that NRAI SERVICES, INC. To Signature of Registered Agent	ent as registered agent all statutes relative to cept the obligations of locument is being filed the limited liability co Manual Manual	and agree to act in this capacity. the proper and complete performa my position as registered agent as to merely reflect a change in the r mpany has been notified in writing aria Garcia -Asst Secreta	I further agree to nee of my duties, provided for in egistered office of this change.	

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