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SECRETARY OF STATE

## STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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. The name of the limit	ed liability company is:	EMERALI	D-NILE R	EALTY L	L.C.			
2. The mailing address of								
2555 Collins Avenue,				10 <del>**</del>			<u>.</u>	
9/29/1998		L98000002080						
3. Date of filing/registra	tion in Florida	-	4. Docum	ent numbe	r			
5. The name of the regist Florida Department of	ered agent and the regis State: Nisenbaum, Eliot C	=	ddress as	shown on	the record	ds of t	he	
	12750 NW 27th Av	Name		······································	•			
	Opa Locka, Florida		·					
6. The name and address of the new registered agent and/or office:					TALL SEG	03		
	Alvarez, Taylor, Elja	aiek & Rodri	guez, P.L		記号	MAY	<u> </u>	
	815 Ponce de Leon	Vame Boulevard,	3rd Floor	<del>.</del>	3355 0 Agr	12	П	
	Florida street address	(P.O. Box N	OT accep	table)	, F.S.	=	D	
	Coral Gables, FI	FL 33134	·		A COLOR	မ		
	City, S	tate and Zip						
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes are m	ade, the Flori	da street a	ddress of t	the register	ered o	office	
BRD	<b>=</b> -		• •.	1			•	
(Signature of a member or author	nzed representative of a membe	r) 	·	÷				
(Printed or typed name of signee								
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm BIZ (Signature of Registered Agent)	intment as registered as of all statutes relative and accept the obligation this document is being to that the limited liability.	gent and agree to the prope s of my positi iled to merely y company hi	e to act in r and com on as regi v reflect a as been no	this capa plete perfi stered age change in tified in w	city. I fur irmance nt as pro the regis riting of	ther of of my vided tered this ci	igree to duties, for in office range.	

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

INHS18(10/99)

**FILING FEE: \$25.00**