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SECRETARY OF STATE

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. The name of the limite	ed liability comp	any is: El-Ad GB3 I	LLC		· ,	
2. The mailing address of	f the limited liab	oility company is:				
1301 International Parkway	, Suite 200, Sunri	se, FL 33323	÷ ÷ .			
					 	
3/8/2006			M06000001392	<u> </u>		
3. Date of filing/registrat	ion in Florida		4. Document numb	er	•	
5. The name of the registe Florida Department of		ne registered office	address as shown on	the records of	of the	
	American Inform	nation Services, Inc.				
		Name	· · · · · · · · · · · · · · · · · · ·	#31 P +		
	One S.E. Third	Avenue, 28th Floor				
• • • • • • • • • • • • • • • • • • •		Address	 	- - ,	* 15	
Miami, FL 33131						
	· 	City, State and Z	ip		مشد	
6. The name and address of the new registered agent and/or office: NRAI Services, Inc.					SECF	
	NRAI Services, I	nc.		뚮	三 角	
Name Name					TANK.	
	2731 Executive Park Drive, Suite 4				375	
	Florida street	address (P.O. Box	NOT acceptable)	AM II: O	자유 - 자유 - 자유	
- · · · - · ·	Weston	FI, 33331		0	AT	
•		City, State and Zip		V —	9	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or change the registered a reby confirmed ad liability comp of the limited lia	s are made, the Flo gent will be identic that the change(s) vany or as otherwise bility company.	rida street address of al. Or, in the case of	the registere a Florida lin	ed office nited	
(Signature of a member or author	ized representative of	a member)			r =	
Shaoul Mishal, Authorized (Printed or typed name of signee))		·		4 ° .	
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 NRAI Services, Inc. (Signature of Registered Agent)	intment as regis is of all statutes ad accept the obl this document is a that the limited	tered agent and ag relative to the proj igations of my posi being filed to mere liability company	ree to act in this cape per and complete per tion as registered ag ly reflect a change u has been notified in v	acity. I furth formance of i ent as provid n the register writing of this	er agree to my duties, led for in ed office s change.	
Laura Lightholder. Assistant Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314						

FILING FEE: \$25.00