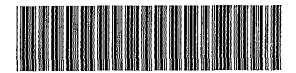
## 190600001396

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
_					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





100088724741

02/21/07--01021--001 \*\*250.00

AVISION OF CORPORATION

## 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 company i	;e. El-Ad GB1 L	LC	
				<u>·</u>
2. The mailing address of	I the limited liability	company is : _		<del></del> ,
1301 International Parkway	, Suite 200, Sunrise, F	L 33323		·
3/8/2006			M06000001396	
3. Date of filing/registration in Florida		4. Document number	******	
5. The name of the register Florida Department of	ered agent and the reg State:	gistered office	address as shown on the records of the	<b>;</b>
•	American Information	n Services, Inc.		
		Name	<del></del>	•
	One S.E. Third Avenu	ue, 28th Floor		
		Address	,	
	Mlami, FL 33131			SE 33
	Cit	y, State and Zi	ip T	웃쪾
6. The name and address	of the new registered	l agent and/or o	office:	STATE OF THE PARTY
	NRAI Services, Inc.			30
	· · · · · · · · · · · · · · · · · · ·	Name		POS
NRAI Services, Inc.  Name  2731 Executive Park Drive, Suite 4  Florida street address (P.O. Box NOT acceptable)				
	Florida street addre	ess (P.O. Box I	NOT acceptable)	
· , . <u>-</u>	Weston	FL 33331	<del></del>	
	City,	, State and Zip	The second secon	•
confirmed that after the cl and the business office of liability company, it is her	hange or changes are the registered agent reby confirmed that the disability company of the limited liability	made, the Flor will be identica he change(s) we or as otherwise or company.	ws of the State of Florida, it is hereby rida street address of the registered off al. Or, in the case of a Florida limited was/were authorized by an affirmative provided in the articles of organization	vote of
(0.0	The same of the sa			
Shaoul Mishal, Authorized F				
(Printed or typed name of signee)		A REST CONTRACTOR		`
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if to address, I hereby confirm NRAI Services inc.	intment as registered is of all statutes related accept the obligation is document is being that the limited liabi	agent and agrive to the propi ons of my positi of filed to mere ality company h	ee to act in this capacity. I further ag er and complete performance of my di tion as registered agent as provided fo ly reflect a change in the registered of ias been notified in writing of this cha	ree to uties, yr in ffice nge.
(Signature of Registered Agent) Laura Lightholder, Assistant	•		and the second s	
Divisio	n of Corporations,	P.O. Box 6327	, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18(10/99)