M06000004592

NRAI Services, Inc. (Requestor's Name) 2731 Executive Park 1 (Address)			
(Requestor's Name)			
2731 Executive Park !			
(Address)			
Ste 4			
(Address)			
Weston Fl 33331 (City/State/Zip/Phone #)			
(Citý/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
·			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			



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01/20/11--01022--007 **215.00

Office Use Only

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.

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1. Name of the limited liability company:	I.S. Auburndale LLC		
2. (a) Principal office address of limited liability compan	y:		
(Note: MUST BE STREET ADDRESS)	2424 N. Federal Highway, #45 Boca Raton, FL 33431	4 DIVISEC	
(b) Mailing address of limited liability company:		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
(Note: MAY BE POST OFFICE BOX)	2424 N. Federal Highway, #45 Boca Raton, FL 33431	A CONTE	
8/18/2006	M06000004592		
3. Date of filing/registration in Florida	4. Document number	23 To	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of S	State:	
Registered Agent:	CT Corporation System		
Registered Office Address:	1200 S. Pine Island Road Plantation, FL 33324		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: 2731 Executive Park Drive, Suite 4			
(MUST BE FLORIDA STREET ADDRESS)	Weston ,FL33331		
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 or authorized representative of a member			
Irving A. Smokler, Member 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. NRAI Services, Inc.			
Signature of Registered Agent Joelle Churik, Asst. Secretary Division of Corporations P.O. Box 6	327 Tallahassee FI. 32314		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00