## M06000005429

(Rec	questor's Name	)
(Add	dress)	
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(City	//State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number	;)
Certified Coples	Certificate	es of Status
Special Instructions to F	Filing Officer:	
		Q) XX

Office Use Only



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## 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	d liability company is:	El-Ad Boca West Management LLC	
2. The mailing address of	f the limited liability con	npany is :	
1301 International Parkway	, Suite 200, Sunrise, FL 33	323	e egeneration of the second
9/29/2006		M06000005429	
3. Date of filing/registration	ion in Florida	4. Document number	
5. The name of the register Florida Department of		ered office address as shown on th	e records of the
	American Information Se	rvices, Inc.	
		Name	
	One S.E. Third Avenue,	28th Floor	
		Address	-
	Miami, FL 33131		
	City, S	state and Zip	<b>o</b> : D
6. The name and address of	of the new registered age	ent and/or office:	SECRE /ISION 7 FEB
	NRAI Services, Inc.		2 45
	N 2731 Executive Park Drive	ame e, Suite 4	PA CORP.
	Florida street address	(P.O. Box NOT acceptable)	OF STATE REPORTED AT 10 PM 3: 43
	Weston	FL 33331	ω <del>Σ</del>
	City, St	ate and Zip	
confirmed that after the cl and the business office of	nange or changes are ma the registered agent will reby confirmed that the of d liability company or as	nder the laws of the State of Florid de, the Florida street address of the be identical. Or, in the case of a change(s) was/were authorized by sotherwise provided in the articles in the arti	e registered office Florida limited
(Signature of a member or authori	zer representative of a member)	<del></del>	
Shaoul Mishal, Authorized F (Printed or typed name of signee)	<u></u>	<u>and the second of the second </u>	4. (
I hereby accept the appoint 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) Laura Lightholder, Assistant	intment as registered ages of all statutes relative d accept the obligations his document is being fit that the limited liability	ent and agree to act in this capacito the proper and complete perfor of my position as registered agentled to merely reflect a change in the company has been notified in wri	

FILING FEE: \$25.00