11/0700000558

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DEPARTMENT OF ST DIVISION OF COMPORA 2010 DEC 14 PM 2

JFFICIENCY OF FILING

J. BRYAN

DEC 14 2010

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12-14-2010

NAME: NATIONAL DELI LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: \$25

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL/HO

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. Name of the limited liability company:	National Dell, LLC		
2. (a) Principal office address of limited liability company	y;		
(Note: MUST BE STREET ADDRESS)	1630 NW 70th Avenue Mlami, FL 33126	5000	
(b) Mailing address of limited liability company:	same as above	FE CO	
(Note: MAY BE POST OFFICE BOX)		Sign F	
		7	
Delaware 3. Date of filing/registration in Florida	M0700000558 4. Document number	25	
• •		ASSET ASSET	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State?			
Registered Agent:	C T Corporation System		
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324		
(b) Bnter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> :	W Registered Office address: NRAI Services, Inc.		
NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4		
	Weston ,I	L33331	
If the limited liability company is not organized under the longinumed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signalure of a member or authorized representative of a member	aws of the State of Florida, it is lorida street address of the regist ical. Or, in the case of a Florida was/were authorized by an affir wise provided in the articles of c	hereby ered office limited mative vote organization	
Mike D. Brookshire Printed or typed name of signee	-		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product and I am familiar with and accept the obligations of my post Chapter did not only the company is being filed to men address, I hereby confine that the limited liability company NRAI Services, Inc.	gree to act in this capacity. I fin iner and complete performance of lition as registered agent as pro- rely reflect a change in the regis thas been notified in writing of the	ther agree to if my duties, ided for in ered office his change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00