## MII 00000 5944

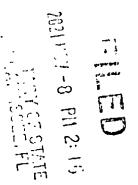
(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	EL-AD FL BEACH CR LLC				
SUBJECT.	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agen	1/Registered Office Change and	fee(s) are submitted for filing.			
Please return all corresponden	ce concerning this matter to the f	following:			
MINA I	OOBLMEIER				
Name	of Person	<del></del>			
EL-AD FL	BEACH CR LLC				
Firm/	Company				
910 SE 17TH S	TREET, SUITE 400				
Add	ress	<del></del>			
FORT LAUD	ERDALE, FL 33316				
City/State	and Zip Code	_			
mina	d@insiteus.com				
E-mail address: (to be us	ed for future annual report notifi	cation)			
For further information concer	ning this matter, please call:				
MINA DOBLMEH	ER 954 at (	358-6800 x 121			
Name of Person		Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:					
■ \$25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy			
INHS18 (2/14)					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOLLIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability comparsubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

Name of the limited liability company:  El		EL-AD FL B	EL-AD FL BEACH CR LLC	
2. (a)	910 SE 17TH STREET	(b)	910 SE 17TH STREET	
_ ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 400		SUITE 400	
	FORT LAUDERDALE, FL 33316		FORT LAUDERDALE, FL 33316	
	11/28/2011		M11000005944	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	NRAI SERVICES, INC			
()	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State:	
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<del></del>	
	Plantation FL	33324	7027	
(b)	MINA DOBLMEIER			
( )	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	910 SE 17TH STREET		701 101 -8 PM 2: 15 101 -8 PM 2: 15	
	NEW Registered Office Address:			
	SUITE 400		· M	
	FORT LAUDERDALE , FL	33316	<del></del>	
change	imited liability company is not organized under the law or changes are made, the Florida effect address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the State o	te and the business office of the registered	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a finance in the registered office address, I have been address, I have been address and the complete with the complete address. I have been address and the complete address and the complete address and the complete address.	ee to act in this performance of I for in Chapter iereby confirm (	canacity. I further agree to comply with the	
Signatu	re of Registered Agent			

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