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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE LLAHASSEE, FLORIDA

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 limited liability company is | El-AD Promenade LLC | | |
|--|---|---|--|
| 2. The mailing address of the limited liability of | company is : | | |
| 1301 International Parkway, Suite 200, Sunrise, FL | . 33323 | | |
| 10/4/1999 | M99000001559 | | |
| 3. Date of filing/registration in Florida | 4. Document num | ber | |
| 5. The name of the registered agent and the registered agent age | istered office address as shown o | n the records of th | ıe |
| Ronald R. Fieldstone | | | |
| | Name | | |
| 201 Alhambra Circle, | Suite 601 · | | |
| | Address | 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26 | |
| Coral Gables, FL 331 | 34 | | anded |
| City | , State and Zip | | 8 8 |
| 6. The name and address of the new registered a | agent and/or office: | JI JUL 31 CCRETARY C LAHASSEE | |
| NRAI Services, Inc. | | 111 C | m |
| | Name | A 4:37 OF STATE OF FLORID, | |
| 2731 Executive Park D | rive. Suite 4 | 87 f | |
| | ss (P.O. Box NOT acceptable) | STE STE | |
| Weston | FL 33331 | | |
| City, | State and Zip | | |
| If the limited liability company is not organized confirmed that after the change or changes are r and the business office of the registered agent we liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability. (Signature of a member or authorized representative of a member of the limited liability company or the operating agreement of the limited liability company or the limited liability company or the operating agreement of the limited liability c | made, the Florida street address of vill be identical. Or, in the case of the change(s) was/were authorized by or as otherwise provided in the ty company. | of the registered of of a Florida limite I by an affirmative | ffice d vote |
| Joseph Manor | | | |
| (Printed or typed name of signee) | | | |
| I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability NRAL Services. Inc. | agent and agree to act in this cap be to the proper and complete pe ns of my position as registered a filed to merely reflect a change ity company has been notified in | pacity. I further a rformance of my d gent as provided f in the registered o writing of this ch | gree to luties, or in office ange. |
| (Signature of Registered Agent) Anthony J. Alexander, Asst. Secretary | , | | |
| Division of Corporations, P | .O. Box 6327, Tallahassee, FL | 32314 | |
| • • • • • • • • • • • • • • • • • • • | IG FEE: \$25.00 | | |