#A0400000750

(Re	equestor's Name)	<u></u>
(Ad	idress)	
(Ad	ldress)	· <u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		





000249104730

06/24/13--01022--007 **35.00

13 JUL -2 PM 3: 47
SEUKLIARY OF STATE
TAIL ANASSEF-FI ORIDA

K. SALY EXAMINER

JUL - 3 2013

COVER LETTER

TO:	Registration Section Division of Corporations	4	
	•		TD
SUBJ		R HOLDINGS, L	
	Name of Limited Partnership	,	
DOC	CUMENT NUMBER: A0400000750		
	nclosed Statement of Change of Registare submitted for filing.	stered Office and/or	Registered Agent and
Please	e return all correspondence concerning	g this matter to:	
	Aaron Behar		
	Contact Person		
	AARON BEHAR P.A.		
	Firm/Company		
184	0 NORTH COMMERCE PARKWA	Y SUITE ONE	
	Address		
	WESTON, FL 33326		
	City, State and Zip Code		
	ab@aaronbeharpa.com		
1	E-mail address: (to be used for future annual r	eport notification)	
For fi	urther information concerning this ma	tter, please call:	
	Aaron Behar	_at (954)	688-7642
	Name of Contact Person	Area Code and D	aytime Telephone Number
Enclo	osed is a \$35.00 check made payable t	o the Florida Depart	ment of State.
STREET ADDRESS:		MAÎLING	G ADDRESS:
Regis	ration Section Registration Section		on Section
	sion of Corporations	Division of Corporations	
	Building P. O. Box 6327		
	61 Executive Center Circle Tallahassee, FL 32314		e, FL 32314
Talla	hassee, FL 32301		

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH		
Pursuant to the provisions of section 620.1115, F partnership or limited liability limited partnership change its registered office or registered agent, o	o submits the following statement in order to the following statem	
1. BEHAR HOI	LDINGS, LTD.	
Name of Limited Partnership or Li	mited Liability Limited Partnership	
2. 05/06/2004	3. A0400000750	
Date of filing/registration in Florida	Florida document number	
4. The name of the registered agent and the registered Department of State:	d office address as shown on the records of the Florida	
RICHARD	SARAFAN	
Ne	me	
100 SOUTHEAST 2N	D. STREET 44th Floor	
Address		
MIAMI, I	FL 33131	
City, Sta	te and Zip	
5. The name and Florida street address of the new rep	gistered agent and/or office:	
AARON B	EHAR P.A.	
——————————————————————————————————————	ume	
1840 North Commerc	e Parkway, Suite One	
Florida street address (1	P.O. Box not acceptable)	
Weston	_{FL} 33326	
City, Sta	te and Zip	
6. Such change(s) is/are effective when filed by the legislature of General Partner I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the second contract of the second c	Florida Department of State. and agree to act in this capacity. I further agree to the proper and complete performance of my duties,	
and I am familiar with an accept the obligations of m. Signature of Registered Agent		
Filing Fee: \$35.00 Certified Copy (optional): \$52.50		