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SECRETARY OF STATE DIVISION OF CORPORATIONS

JUN 2 5 2013

T. HAMPTON

COVER LETTER

	egistration Section Pivision of Corporations		•		
SUBJEC	EPE MANAGEMENT SER	VICES, LLC			
	· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company			
Dear Sir	or Madam:				
The encle	osed Registered Agent/Registered	Office Change	and fee(s) are submitted for filing.		
Please re	turn all correspondence concerning	g this matter to	the following:		
AARON	I BEHAR				
	Name of Person		_		
AARON	BEHAR P.A.				
	Firm/Company		_		
1840 N	ORTH COMMERCE PKWY, SU	JITE ONE			
	Address		_		
WESTO	DN, FLORIDA 33326				
	City/State and Zip Code		_		
ab@aa	ronbeharpa.com				
E-ma	il address: (to be used for future annual repor	t notification)	_		
For furth	er information concerning this ma	tter, please call	:		
AARON	BEHAR	954 at (688-7642		
	Name of Person	*** \	Area Code & Daytime Telephone Number		
R C 2	Registration Section Reg Division of Corporations Div Clifton Building P.O		gistration Section rision of Corporations Box 6327 lahassee, Florida 32314		
E	Enclosed is a check for the follow	ing amount:			
٥	\$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy		

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: EPE MANAGEM	MENT SERVICES, LLC			
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	oany: 1525 NORTH PARK DRIVE, WESTON, FL 33026			
(Total Most BE STREET ABBRESS)				
(b) Mailing address of limited liability company:	554 PERSEO STREET, SUIT	E J-3		
(Note: MAY BE POST OFFICE BOX)	ALTAMIRA SAN JUAN, PR 00920			
05/29/2001	L01000008620			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Florid	la Dept. of State:		
Registered Agent:	RICHARD SARAFAN			
Registered Office Address:	100 SOUTHEAST 2ND. STRE	EET 44TH FLOOR		
(b) Enter name of NEW Registered Agent and/or I	NEW Registered Office ac	idress:		
NEW Registered Agent:	AARON BEHAR P.A.	<u> </u>		
NEW Registered Office Address:		1840 NORTH COMMERCE PKWY.		
(MUST BE FLORIDA STREET ADDRESS)	SUITE ONE WESTON	.FL33326		
of the limited liability company is not organized under the confirmed that after the change or changes are made, the change the business office of the registered agent will be in iability company, it is hereby confirmed that the change the members of the limited liability company or as other than the operating agreement of the limited liability company of the liability company of the limited liability company of the limited l	ne Florida street address of the design of the street of the street of the case of the street of the	the registered office a Florida limited street of street a Florida limited street of street of care of		
Printed or typed name of signee		94 94		
I hereby accept the appointment as registered agent are comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capac proper and complete perfo position as registered age merely reflect a change in pany has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.		
Signature of Registered Agent				