LD400021283

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| JUN 2 7 2013 | | |
| L. SELLERS | | |

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SECRETARY OF STATE
ALLAMASSIF FLORID

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| AEE CONSULTING, LLC SUBJECT: | |
| | Limited Liability Company |
| Dear Sir or Madam: | |
| TI 1 17 14 14 17 17 10 | |
| The enclosed Registered Agent/Registered O | Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning | this matter to the following: |
| | |
| AARON BEHAR | |
| Name of Person | |
| AARON BEHAR P.A. | |
| Firm/Company | |
| 1840 NORTH COMMERCE PKWY, SUI | TE ONE |
| Address | |
| WESTON, FLORIDA 33326 | |
| City/State and Zip Code | |
| ab@aaronbeharpa.com | |
| E-mail address: (to be used for future annual report n | notification) |
| For further information concerning this matter | er, please call: |
| AARON BEHAR | 954 688-7642 |
| Name of Person | at ()Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |
| Enclosed is a check for the following | ng amount: |
| ■ \$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: AEE CONSU | LTING, LLC |
|--|--|
| 2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS) | npany: 1525 NORTH PARK DRIVE, SUITE 101 WESTON, FL 33026 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 554 PERSEO STREET, SUITÉ J-3 ALTAMIRA SAN JUAN, PR 00920 |
| 03/19/2004 | L04000021283 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office show | n on the records of the Florida Dept. of State: |
| Registered Agent: | RICHARD SARAFAN |
| Registered Office Address: | 100 SOUTHEAST 2ND. STREET 44TH FLOOR MIAMI, FL 333131 |
| NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | AARON BEHAR P.A. 1840 NORTH COMMERCE PKWY. |
| | SUITE ONE WESTON .FL 33326 |
| If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan the members of the limited liability company or as off the operating agreement of the limited liability company of the limited liability company of a member of authorized representative of a member BEHAR Holding, Ltd. By: Elias Behar-Ybarra Printed or typed name of signee | r the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote of herwise provided in the articles of organization or any. |
| I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filed a cadress, I hereby confirm that the limited liability con signature of Registered Agent | and agree to act in this capacity I further agree to he proper and complete performance of my duties, ny position as registered agent is provided for in to merely reflect a change in the registered office npany has been notified in writing of this change. |

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