L04000092992

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To 🙀	7				
	CC	OVER LET	TER		
	TO: Registration Section Division of Corporations	4			
	EAM INVESTMENTS, LLC SUBJECT:				
	Name of Li	imited Liabi	ility Company		
	Dear Sir or Madam:				
	The enclosed Registered Agent/Registered Of	fice Change	e and fee(s) are submitted fo	r filing.	
	Please return all correspondence concerning the	his matter to	the following:		
	AARON BEHAR	٠			
	Name of Person				
	AARON BEHAR P.A.				
	Firm/Company				
	1840 NORTH COMMERCE PKWY, SUIT	E ONE		T. 2	
	Address		_		•
	WESTON, FLORIDA 33326			JUN 24 RETARY AHASSI	5
	City/State and Zip Code		_	14.33 10.14	4
	ab@aaronbeharpa.com			PH 1:5 OF STATE E FLORID	."
	E-mail address: (to be used for future annual report no	tification)	_	ンロー	
	For further information concerning this matter	r, please cal	1:		
	AARON BEHAR	954 at (688-7642)		
	Name of Person	,	Area Code & Daytime Telephone N	lumber	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314		
	Enclosed is a check for the following	g amount:			
	■ \$25 Filing Fee	□ s	55 Filing Fee & Certified C	ору	

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 li	mited liability company: EAMIN	VESTMENTS, LLC				
2. (a) Principal o (<i>Note: M</i>	office address of limited liability MUST BE STREET ADDRESS	company: 1525 NORTH PARK DRIVE, SUIT				
(b) Mailing ac	ddress of limited liability compa IAY BE POST OFFICE BOX)	INY: 554 PERSEO STREET, SUITE J- ALTAMIRA SAN JUAN, PR 00920	3			
12/23/2004		L04000092 99 2				
3. Date of filing/	registration in Florida	4. Document number				
5. (a) Registered	d Agent and Registered Office s	hown on the records of the Florida D	Dent. of State:			
Registered	-	RICHARD SARAFAN				
Registered	d Office Address:	100 SOUTHEAST 2ND. STREET	-: 53			
	-	nd/or NEW Registered Office addr	500 S			
	gistered Agent:	AARON BEHAR P.A.				
	gistered Office Address: <i>E FLORIDA STREET ADDR</i> I	E.S.S) SUITE ONE				
111111111111111111111111111111111111111	2 2 20 112/1 24 112/1 11	WESTON				
confirmed that aft and the business of liability company, the members of the the operating agre EAU TAYEST	ter the change or changes are ma office of the registered agent wil	ander the laws of the State of Florida, ade, the Florida street address of the all be identical. Or, in the case of a Florida change(s) was/were authorized by an action of the articles company.	registered office lorida limited			
Behar Holding, LP. By:	: Elias Behar-Ybarra					
Printed or typed name	-					
I hereby accept the comply with the pand I am familiar Chapter 608, F.S. address, I hereby	he appointment as registered ag rovisions of all statutes relative with and accept the obligations Or, if this document is being f confirm that the limited liability	rent and agree to act in this capacity to the proper and complete perform s of my position as registered agent a lied to merely reflect a change in the y company has been notified in writi	I further agree to ance of my duties, is provided for in registered office ng of this change.			
Signature of Registered		<u></u>				

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