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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Consideration to Filtra Officer | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
ALL ANASSEE, FLORIDA

COVER LETTER

| | egistration Section ivision of Corporations | | | | |
|-----------------------------------|--|---------------------|--|--|--|
| SUBJEC | BYA PLAZA, LLC | | | | |
| Name of Limited Liability Company | | | | | |
| Dear Sir o | or Madam: | | | | |
| The enclo | sed Registered Agent/Registered | Office Change | and fee(s) are submitted for filing. | | |
| Please ret | urn all correspondence concernin | g this matter to | the following: | | |
| AARON | BEHAR | | | | |
| | Name of Person | | _ | | |
| AARON | BEHAR P.A. | | | | |
| | Firm/Company | | _ | | |
| 1840 NC | ORTH COMMERCE PKWY, SU | JITE ONE | | | |
| | Address | | | | |
| WESTO | N, FLORIDA 33326 | | | | |
| | City/State and Zip Code | | _ | | |
| ab@aar | onbeharpa.com | | | | |
| E-mail | address: (to be used for future annual repor | t notification) | _ | | |
| For furthe | er information concerning this ma | tter, please call: | | | |
| AARON | BEHAR | 954 at (| 688-7642 | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | |
| Re Di Cl 26 | rretricourier address: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301 | Reg Divi P.O. | ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314 | | |
| E | nclosed is a check for the follow | ing amount: | | | |
| | \$25 Filing Fee | □ \$5 | 5 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: BYA PLAZA, LLC | |
|--|---|
| 2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | INY: 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, SUITE J-3 ALTAMIRA SAN JUAN, PR 00920 |
| 02/25/2005 | L05000019261 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown o | 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 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> : | EW Registered Office address: AARON BEHAR P.A. |
| NEW Registered Office Address: | 1840 NORTH COMMERCE PKWY. |
| (MUST BE FLORIDA STREET ADDRESS) | SUITE ONE FL 33326 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Behar Holdings, Ltd. By: Elias Behar-Ybarra - Member Printed or typed name of signee | Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes 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 compositions of Registered Agent | d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change. |
| Division of Corporations, P.O. Box FILING FEE: | 6327, Tallahassee, FL 32314 3 3 5 5 6 7 7 |
| INHS18 (05/08) | PATE ORICE |