L01000099579

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SECRETARY OF STATE
TAILAHASSEE, FLORIDA

M. Culligram JUN 25 2013

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	UNIVERSITY SQUARE PL	.AZA, LLC		
20202		Limited Liabili	ty Company	
Dear Sir	or Madam:			
The enc	losed Registered Agent/Registered	Office Change	and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning	g this matter to	the following:	
AARON	N BEHAR			
	Name of Person		_	
AARON	N BEHAR P.A.			
	Firm/Company			
1840 N	IORTH COMMERCE PKWY, SU	ITE ONE		
	Address		_	
WEST	ON, FLORIDA 33326			
***************************************	City/State and Zip Code		_	
ab@aa	aronbeharpa.com			
E-ma	ail address: (to be used for future annual report	notification)	-	
For furti	her information concerning this mat	tter, please call:		
AARO	N BEHAR	954 at (688-7642)	
	Name of Person		Area Code & Daytime Telephone Number	
5	STREET/COURIER ADDRESS:	MA	ILING ADDRESS:	
Registration Section Regi		istration Section		
	Division of Corporations Division of		ision of Corporations	
Clifton Building P.O. E		. Box 6327		
		Tall	ahassee, Florida 32314	
7	Tallahassee, Florida 32301			
1	Enclosed is a check for the follow	ing amount:		
ŧ	■ \$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: UNIVERSITY SQUA	ARE PLAZA, LLC			
2. (a) Principal office address of limited liability compan	y: 1525 NORTH PARK DRIVE, SUITE 10	l		
(Note: MUST BE STREET ADDRESS)	WESTON, FL 33026	70	%	
			قعة	
(h) Mailing add-on of limited liability commons	554 PERSEO STREET, SUITE J-3	至	豆豆	\Box
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	ALTAMIRA	<u> जिस्</u>	2	=
(HORE: MATERIAL BETOST OFFICE BOX)	SAN JUAN, PR 00920	- 195.	1.	m
		114	꽃	Ö
10/01/2007	L07000099579	12 S		
3. Date of filing/registration in Florida	4. Document number	<u> </u>	<u> </u>	
		₽.m	£5	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.	of State:		
()	•			
Registered Agent:	RICHARD SARAFAN			
D1-41007 - A13	400 COLUMN CAND CADEST 44TH	Ei OOB		
Registered Office Address:	100 SOUTHEAST 2ND. STREET 44TH FLOOR MIAMI, FL 333131			
	MINIMIT L GOOTOT			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:			
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	,FL <u>33326</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change(state members of the limited liability company or as otherwise operating agreement of the limited liability company. Unitersity Juane Plaza by: Signature of amember of authorized representative of a member	Florida street address of the registical. Or, in the case of a Florid	stered offic a limited		f
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compared	agree to act in this capacity. If roper and complete performance osition as registered agent as perely reflect a change in the region where on the region withing of the control of the control of the region where one in writing of the control of the region within the control of the control of the region within the control of the contro	urther agre e of my dut ovided foffi istered offi if this chân	ee to ies, in ice ge.	
Signature of Registered Agent	y mas soon norgiou in ming v	,,	o-·	

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