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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
(B)	usiness Entity Nan	ne)	-	
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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TAN 24 MIN: (
SECRETARY OF STATE
SHANNESSEE, FLORID
TAN AMASSEE, FLORID

C. LEWIS

JUN 2 5 2013

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		. •	v ^a • , A			
SUBJI	AEAEB PROPERTIES, LLC	;					
Name of Limited Liability Company							
Dear S	Sir or Madam:						
The en	aclosed Registered Agent/Registered (Office Change	and fee(s)	are submitted for filing.			
Please	return all correspondence concerning	this matter to	the follow	ving:			
AARC	ON BEHAR						
	Name of Person		-				
AARC	ON BEHAR P.A.						
	Firm/Company		_				
1840	NORTH COMMERCE PKWY, SUI	TE ONE					
	Address		-				
WEST	TON, FLORIDA 33326						
	City/State and Zip Code		_				
ab@a	aronbeharpa.com						
E-1	mail address: (to be used for future annual report r	otification)	-				
For fur	ther information concerning this matt	er, please call:					
AARC	ON BEHAR	954 _ at (688-7	642			
	Name of Person		Area Code &	Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MA	ILING AI	DDRESS:			
	Registration Section	Registration Section					
	Division of Corporations	Division of Corporations					
	Clifton Building P.O. Box 6327						
	2661 Executive Center Circle Tallahassee, Florida 32301	Tall	ahassee, F	lorida 32314			
	Enclosed is a check for the following	ng amount:					
	■ \$25 Filing Fee	□ \$5:	5 Filing F	ee & 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.

-gc/,	or born, in the state of 1 torica.					
I. Na	me of the limited liability company: AEAEB PROPERT	TIES, LLC				
) (a)	Principal office address of limited liability common	1505 NORTH BARK DOIVE	QUITE 101			
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	WESTON, FL 33026	SOITE TOT			
(Note: MUST BE STREET ADDRESS)		***************************************				
(h) Mailing address of limited liability company		EEA DEDOCO OTDEET GUIT	FC 1.9			
(b) Mailing address of limited liability compan	(Note: MAY BE POST OFFICE BOX)	554 PERSEO STREET, SUITE J-3 ALTAMIRA				
	(NOIE: MAT BE POST OFFICE BOX)	CAN HIAN DD 00000				
		SAN 30AN, FN 00920				
02/05/20	010	L10000014352	是的 夏 副			
3. Dat	te of filing/registration in Florida	4. Document number	LE 24 ASSI			
5 (a)	Registered Agent and Registered Office shown or	the records of the Floria	de DENE of State			
/ (u)	registered regain and registered Office shown of	i the records or the riors	100			
	Registered Agent:	RICHARD SARAFAN	64 -			
	registered regent.	***************************************	En w			
	Registered Office Address:	100 SOUTHEAST 2ND. STR	EET 44TH FLOOR			
	Tropiones Ottion Production.	MIAMI, FL 333131				
	NEW Registered Agent:	AARON BEHAR P.A.				
	NEW Registered Office Address:	1840 NORTH COMMERCE PKWY.				
	(MUST BE FLORIDA STREET ADDRESS)	SUITE ONE				
		WESTON	,FL33326			
confirment the interest of the	imited liability company is not organized under the med that after the change or changes are made, the e business office of the registered agent will be idently company, it is hereby confirmed that the change mbers of the limited liability company or as otherwersting agreement of the limited liability company. The register does not be a member or typed name of signee by accept the appointment as registered agent and by with the provisions of all statutes relative to the part familiar with and accept the obligations of my part 608, F.S. Or, if this document is being filed to me, and the limited liability company.	Florida street address of ntical. Or, in the case of s) was/were authorized by vise provided in the artic	the registered office a Florida limited by an affirmative vote of les of organization or			
ihapte iddres	er 608, F.S. Or, if this document is being filed to mess. I hereby confirm that the limited liability compa	nerely reflect a change in ny has been notified in w	the registered office priting of this change.			

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

Signature of Registered Agent