## #1/1000049295

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K.SALY EXAMINER JUN 2 6 2013

## **COVER LETTER**

TO: **Registration Section Division of Corporations** AEBMES INVESTMENT, LLC SUBJECT: \_ Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered 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, SUITE ONE Address WESTON, FLORIDA 33326 City/State and Zip Code ab@aaronbeharpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AARON BEHAR 954 688-7642 Area Code & Daytime Telephone Number Name of Person **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## 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: AEBMES INVEST	MENT, LLC	
2 (a) Principal office address of limited liability samuel	4500 MODTH DADY DDIVE OF HTE	104
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	WESTON, FL 33026	
(HOLL MOOT BE STREET ADDRESS)	WEG1614, 1 C 66625	700 E
		70
(b) Mailing address of limited liability company:	554 PERSEO STREET, SUITE J-3	77. 6
(Note: MAY BE POST OFFICE BOX)	ALTAMIRA	3
	SAN JUAN, PR 00920	<u> </u>
04/26/11	L11000049295	FIS S
3. Date of filing/registration in Florida		
5. Date of thing/registration in Florida	4. Document number	D. W.
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dep	t. of State:
Registered Agent:	RICHARD SARAFAN	
Registered Office Address:	100 SOUTHEAST 2ND. STREET 44T	H FLOOR
registered Office / tagless.	MIAMI, FL 333131	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW Registered Agent</u> :	EW Registered Office address	<b>;</b> :
<u>==</u> g		
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 and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company.  ACBLES LINES FROM THE DAY SIGNATURE OF A member Signature of a member of authorized representative of a member	Florida street address of the rea	istered office
BYA Holding LP By: Elias Behar-Ybarra 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 h address. I have by confirm that the limited liability compa	agree to act in this capacity. I proper and complete performan position as registered agent as p perely reflect a change in the re ny has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.
Signature of Registered Agent		

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