<u>U3000517369</u>

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JUN -3 2014

R. WHITE

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	JAAFAR SONIC ENTERPR	ISES, LLC				
		ne of Limited Liab	ility Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fol	llowing:			
IVAN	J. PARRON					
	Name of Person		•			
PAR	RON & ASSOCIATES, PL					
	Firm/Company		•			
175 8	SW 7TH STREET, SUITE 1210					
	Address		•			
MIAN	/II, FL 33130		_			
	City/State and Zip Code					
IP@F	PARRONLAW.COM					
E	E-mail address: (to be used for future ann	ual report notifica	ation)			
For fu	rther information concerning this matter,	, please call:				
IVAN	J. PARRON	305	851-2320			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	\$55	Filing Fee & Certified Copy			
INHSI	8 (2/14)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: JAAFAR SON	NC EN	ITERPRI	SES, LLC			
2.	(a)	7000 ISLAND BLVD, APT 3107	(b) 7000 ISLAND BLVD, APT. 3107					
-	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	· · · · · · · · · · · · · · · · · · ·	Mailing address of limite	•		y:
		AVENTURA, FL 33160		AVEN	TURA, FL 33160			
		05/28/2013		L13000	077369	,		
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	P & A REGISTERED AGENTS, LLC						
		Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of Sta	ate:			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	S)	-			
		SUITE 1810				<u>></u>	<u>;</u>	
		MIAMI	33130)			[3]	
•	(b)	P & A REGISTERED AGENTS, LLC			_		20 7	; דר;
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	ldress:			24	
		175 SW 7TH STREET					2:24	
		NEW Registered Office Address:						
		SUITE 1210						
		MIAMI , FL	33130		_			
the age was	cha: nt w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Provida limited lia re authorized by an affirmative role of the members of cles of organization or the operating agreement of the	the regi bility co f the lin	stered offic ompany, it nited liabili	ce and the business of is hereby confirmed t ity company or as other	fice of the	e regis	tered
			IVA	AN J. PA	RRON AS ATTOR		N FA	CT
	_	are of a member of authorized representative of a member			Printed or typed name o	•		
pro the to n	visio obli nere	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to ac perform I for in ereby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree duties, and I am fam. 15, F.S. Or, if this doc t the limited liability c	e to comp iliar with ument is company i	ly with and ac being j has bee	n the ccept filed en
Sig	natur	e of Registered Agent						

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