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## **COVER LETTER**

TO:	Registration Section	
	Division of Corporation	n:

INHS18 (2/14)

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on of Corpora	tions			
-				
AEAB Restaur	ant Holdings LLC			

SUBJECT:	JAEAB Restaur	ant Holdings LLC	
SOBSECT.		Name of Limited Liab	oility Company
Dear Sir or N	Madam:		
The enclosed	d Registered Ag	ent/Registered Office Change and fe	e(s) are submitted for filing.
Please return	all corresponde	nce concerning this matter to the fol	lowing:
JHONNY MI	ERCADO		
	Nar	ne of Person	-
JAEAB Resta	aurant Holdings I.	ı.c	
	Firr	n/Company	-
1100 PARK (	CENTRAL BLVI	D. S, STE 3300	
	Α	ddress	-
POMPANO I	BEACH, FL 3306		_
	City/Sta	ate and Zip Code	
SLUGO@W.	JAIRG.COM		
E-mail	address: (to be	used for future annual report notifica	ition)
For further in	nformation con	erning this matter, please call:	
SAURIS LUC	GO	754 at (	444-4622
	Name of Pe		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: istration Section ision of Corpo . Box 6327 lahassee, FL 32	on rations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check	for the following amount:	
<b>■</b> \$	25 Filing Fee	<b>□ \$</b> 55	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 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 liab	JAEAB Restaura	nt Holdii	ngs L.I.C	
2	(a)	1100 PARK CENTRA	ı. BLVD. S.	(	b)i1001	PARK CENTRAL BLVD. S,
	(4)	· ·	ddress of limited liability company:  ST BE STREET ADDRESS)	· · ·		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		STE 3300			STE 3.	3300
		РОМРАНО ВЕАСН	FL 33064	<u> </u>	РОМР	PANO BEACH, FL 33064
		12/10/2013			L13000	0170736
3.		Date of filing	g/registration in Florida	_ 4.		Document number
5	(a)	PIANIN, RANDY				<b>20</b>
٥.	(4)	Registered Agent and Re	gistered Office shown on the records of	nown on the records of the Florida Dept. of State:		
		C/O JAE RESTAUR	ANT GROUP, LLC			7022 OCT -4
		Registered Office Addre	ss (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	ν - · · · · · · · · · · · · · · · · · ·
		1100 PARK CENTR	AL BLVD. S, STE 3300			
		POMPANO BEACH	, FI	33064		PH 4: 2
	(b)	GASTESI, RAUL				
	(0)	Enter name of NEW Re	gistered Agent and/or NEW Registered	Office a	ddress:	<del></del>
			<u></u>	_		<u>.</u>
		NEW Registered Office				
		8105 N.W. 155TH S	TREET 		_	
		MIAMI LAKES	, 19	33016		
ch ag wa the	ange ent v as/we e arti Signar herei ovisi e obl mere otified	or changes are made vill be identical. Or, are authorized by an acles of organization of the company of the company of all statutes religations of all statutes religations of accept the appoint of this change of the change of this change of the change of t	the Florida street address of the in the case of a Florida limited liaffirmative vote of the members of the operating agreement of the rived representative of a member ment as registered agent and agrative to the proper and complete on as registered agent as providen the registered office address. I	registe ability cof the limited	red office ompany, nited liab liability ONNY M	of Florida, it is hereby confirmed that after the e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  MERCADO  Printed or typed name of signee  capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Si	gnatu	re of Registered Agent	Airlinian of Componentiance P.A.	D <i>(</i> ) ′	17. T.U.	where El 23244

FILING FEE: \$25.00