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(Re	questor's Name)			
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R. WHITE APR 13 2019

COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
SUBJE	PUBLIC ADJUSTER 4 YOU LL	С			
00001		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office (Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this m	atter to the f	following:		
Danie	elle McMiller				
	Name of Person		_		
			_		
	Firm/Company	_			
4781	N Congress Avenue		_		
	Address				
Boyn	ton Beach, FL 33426				
	City/State and Zip Code				
	e@publicadjuster4youllc.com		·		
	E-mail address: (to be used for future annual		ication)		
For fu	rther information concerning this matter, ple	ase call:			
Dani	elle McMiller	561 at (356-5938		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		AILING ADDRESS:		
	Registration Section		gistration Section		
	Division of Corporations		vision of Corporations		
	Clifton Building		D. Box 6327 Ilahassee, Florida 32314		
	2661 Executive Center Circle Tallahassee, Florida 32301	I a	Hanassee, Fiorida 32314		
	Enclosed is a check for the following an	nount:			
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		
INHS	18 (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.

Name of the limited liability company: Public Ad	juster 4 You LLC
(a) Danielle McMiller	(b) Danielle McMiller
Principal office address of limited liability company (Nate: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
4781 N Congress Avenue #2129	4781 N Congress Avenue #2129
Boynton Beach, FL, 33426	Boynton Beach, FL, 33426
02/11/2019	L19000041712
Date of filing/registration in Florida	4. Document number
(a) Carla A Thomas	
Registered Agent and Registered Office shown on the record	is of the Florida Dept. of State:
4781 N Congress Ave	
Registered Office Address (MUST BE FLORIDA STRE) #2129	
Boynton Beach	FL 33426
b) Danielle McMiller Enter name of NEW Registered Agent and/or NEW Registered	ered Office address:
Danielle McMiller	
NEW Registered Office Address:	28 28
4781 N Congress Avenue #2129	
Boynton Beach	FL 33426
will be identical. Or, in the case of a Florida limited were althorized by an affirmative vote of the member prices of organization or the operating agreement of the case of the members of the case of the members of the case of the members of the case of the	laws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the register liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company. Danielle McMiller
nature of a member or authorized representative of a member	Printed or typed name of signee
reoy accept the appointment as registered agent and a isions of all statutes relative to the proper and complet bligations of my position as registered agent as provide trely reflect a grange in the registered office address, ted in writing of this change.	igree to act in this capacity. I further agree to comply with the de performance of my duties, and I am familiar with and acce ded for in Chapter 605, F.S. Or, if this document is being file I hereby confirm that the limited liability company has been

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

Signature of Registered Agent