## L020001546Z

(Requestor's Name)	
(Address)	
515 East Las Olas Boulevard, Suite 850, Fort Lauderdale, Florida 333 Telephone: 954/766-9930 • Facsimile: 954/766-9937 www.angelolaw.com	on =100051816891 _
(City/State/Zip/Phone #)	
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## 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. The name of the limited liability company is:	Advance Business Associates 2, LLC
2. The mailing address of the limited liability co	
	Tamarac, Florida 33321
06/20/2002	L02000015462
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regis Florida Department of State: Keith Koenig	stered office address as shown on the records of the
6701 North Hlatus	Name Road
Tamarac, Florida 3	Address 3321 State and Zip
6. The name and address of the new registered as	gent and/or office:
Angelo, Barry & Ba	inta, P.A.
515 East Las Olas	Name Boulevard, Suite 850
Florida street address	s (P.O. Box NOT acceptable)
Fort Lauderdale	FL 33301
City, S	tate and Zip
confirmed that after the change or changes are m and the business office of the registered agent wi liability company, it is hereby confirmed that the the members of the limited liability company or a the operating agreement of the limited liability company or a second confirmed that the confirmed that the operating agreement of the limited liability confirmed that the co	under the laws of the State of Florida, it is hereby lade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or ompany.
(Signature of a member or authorized representative of a membe	rr)
Keith Koenig, MGRM	and the second s
(Printed or typed name of signee)	
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or if this accument is being faddress, I hereby confirm that the limited liability	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, s of my position as registered agent as provided for in filed to merely reflect a change in the registered office by company has been notified in writing of this change.
(Signature of Registered egent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**