L03000003635

Public Advocate LLC TANDEM BLOG 333 So Timiami Tred Suite 3 VENICE FL 34285 (Address)	800047729038
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED 05 NAR -9 AUTH 36 SECRETAL AND A CORDA
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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 limite	d liability company is:	PUBLIC	ADVOCATE, LLC	
2. The mailing address of				
SUITE 386 - TANDEM				
JANUARY 30, 2003			L03000003635	-
3. Date of filing/registration in Florida 4. Document		4. Document num	ber	
5. The name of the registe Florida Department of S	red agent and the registate: SHELLY A. GALLA 1205 MANATEE A	AGHER Name		n the records of the
	BRADENTON, FLO	Address	05	-
6. The name and address of	of the new registered a	gent and/or	office:	05 المدار المدار
	JASON M. DEPAC	LA		FIL 05 MAR -9 SECA (1) ALLA (AS)
	1205 MANATEE A	Name VENUE WI	EST	-9 E
•	Florida street addres	s (P.O. Box	NOT acceptable)	Alt II: 36
	BRADENTON	FL 3420)5	$\frac{\Omega_{\rm eff}}{\Omega_{\rm eff}}$
•	City, S	State and Zip)	∑, 0,
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of (Signature of a member or authorized)	ange or changes are methe registered agent we by confirmed that the liability company or the limited liability company or the	nade, the Flo ill be identice change(s) vas otherwise ompany.	ws of the State of Florida street address o al. Or, in the case o was/were authorized a provided in the arti	orida, it is hereby f the registered office f a Florida limited by an affirmative vote of cles of organization or
CHARLES S. HOLMES	, MEMBER			
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 508, F.S. Or if I address, Khereby confirm	ntment as registered as of all statutes relatived accept the obligation is desired that the limited liability of the control o	gent and ag e to the prop is of my posi filed to merc ty company	ree to act in this cap per and complete per tion as registered as ely reflect a change i has been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.
(Signature of Registered Agent)				

FILING FEE: \$25.00

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

INH\$18(10/99)