(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJI	SUBJECT: Premier Public Adjusting Group, LLC.				
	Nai	ne of Limited	f Liability Con	npany	
Dear S	ir or Madam:				
The en	closed Registered Agent/Regis	tered Office (Change and fee	e(s) are submitted for filing	
Please	return all correspondence conc	erning this m	atter to the fol	lowing:	
	Michael Cordov	<u>a</u>			
	Name of Person				
	Premier Public Adjusting (aroup, LLC.			
•	Firm/Company	оцр,			
	13876 SW 56 ST #	£151			
	Address	101			
	Miami El 2217	·E			
	Miami, FL 3317 City/State and Zip Code	5			
	Chy State and Zip Code				
	mcordova@ppagroup	ile com			
E-r	mcordova@ppagroup nail address: (to be used for future annual	report notification	on)		
For fur	ther information concerning thi	s matter, plea	ase call:		
	Michael Cordova	at (305)	3164808	
	Name of Person		Area Code	e & Daytime Telephone Number	
	STREET/COURIER ADDRESS	S:	MAILING	ADDRESS:	
	Registration Section Registration Section				
	Division of Corporations		Division of Corporations		
	Clifton Building		P.O. Box 63		
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee,	, Florida 32314	
	Tananassee, Tionida 32301				
	Enclosed is a check for the fo	llowing amo	unt:		
	\$25 Filing Fee		\$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 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. Name of the limited liability company: Pr	pany: Premier Public Adjusting Group, LLC.			
2. (a) Principal office address of limited liability cor	mpany: 5 FONTAINEBLEAU BLVD. Suite 2			
(Note: MUST BE STREET ADDRESS)	Miami, FL 33172			
(b) Mailing address of limited liability company:	13876 SW 56 St #151			
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33175			
06/02/2008	L08000054042			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:			
Registered Agent:	Michael Cordova			
Registered Office Address:	275 FONTAINEBLEAU BLVD. Suite 255 Miami, FL 33172			
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address:			
NEW Registered Agent:	Michael Cordova			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1571 NW 13th Court			
	Miami ,FL 33125			
If the limited liability company is not organized under confirmed that after the change of changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization apany.			
Michael Cordova	ASSE CE			
Printed or typed name of signee	mg 3 D			
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of mand I am familiar with and accept the obligations of the Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con Signature of Registered Agent	and agree to act in this capacity. I furthe Lagree to be proper and complete performance of the duties, by position as registered agent as province of the complete of merely reflect a change in the registered office appany has been notified in writing of this change.			

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