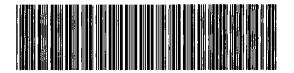
## 109000068556

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T. CLINE

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EXAMINER

## **COVER LETTER**

SUBJECT:	Millen	nium P	ublic .	Adjusters	s, LLC		
				ity Compai			
Dear Sir or Madam:							
ocal on Magain.							
The enclosed Register	red Agent/Registere	d Office	Change	and fee(s)	are submitted for	r filing.	
Please return all corre	spondence concerni	ng this m	atter to	the follow	ing:		
P	atricia A Pepper						
	Name of Person			_			
Millenniur	n Public Adjusters	, LLC		<del></del>			
	Firm/Company						
5′	168 NE 17th Ter					SE	201
	Address			_		- A-C	<u> </u>
						TARY OF STATE HASSEE, FLORIDA	2011 AUG -8
	auderdale, FL 333	34		_		SEE (Y	ထ
City	//State and Zip Code						355 355
nattin	epperftl@gmail.co	m				OR!	AM ION 55
E-mail address: (to be t	epperftl@gmail.co used for future annual repo	rt notification	on)	_		) )	<u>e</u>
For further informatio	n concerning this m	atter, ple	ase call	• •			
Patricia /	A Pepper	at (_	954	_)	854-9232		
Name of	Person			Area Code & I	Daytime Telephone Nu	ımber	
	RIER ADDRESS:			ILING AD			
Registration Sec				istration Sec			
Division of Cor		Division of Corporations					
Clifton Building 2661 Executive		P.O. Box 6327 Tallahassee, Florida 32314					
Tallahassee, Flo			141	anassee, i ic	mua 32317		
Enclosed is a	check for the follow	ving amo	ount:				
\$25 Filing F	•			enii n	ee & Certified Co		

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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. Name of the limited liability company: Millennium Public Adjusters, LLC						
2. (a	Principal office address of limited liability co	ompany: 5168 NE 17th Ter				
	(Note: MUST BE STREET ADDRESS)	Fort Lauderdale, FL 33334				
(b	b) Mailing address of limited liability company	5168 NE 17th Ter	_			
	(Note: MAY BE POST OFFICE BOX)	Fort Lauderdale, FL 33334	_			
	July 16, 2009	L09000068556				
3. D	ate of filing/registration in Florida	4. Document number				
5. (a	a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:				
	Registered Agent:	Corporation Service Company	_			
	Registered Office Address:	1201 Hays Street Tallahassee, FL 32301	Halvas vi			
(b	e) Enter name of <b>NEW Registered Agent</b> and					
	NEW Registered Agent:	Patricia A Pepper	_			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE		5168 NE 17th Ter	_			
		Fort Lauderdale ,FL33334	_			
confi and t liabil of the or the	rmed that after the change or changes are made	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.				
	Patricia A Pepper					
Printe	d or typed name of signee	- Control of the Cont				
	reby accept the appointment as registered agen oly with the provisions of all statutes relative to I am familiar with and accept the obligations of oter 608, F.S. Or, if this document is being filed ess, Thereby confirm that the limited liability of thre of Registered Agent	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, I my position as registered agent as provided for in d to merely reflect a change in the registered office company has been notified in writing of this change.				
المناظيد	ture of registered rigetit					

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