L20000157903

(Requestor's Name)		
(Address)		
(Address)		
(Modiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Ettity Name)		
(Document Number)		
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SCORETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2023

ADVOCATE PUBLIC ADJUSTING, LLC 1558 NE 162ND ST. UNIT A NORTH MIAMI BEACH, FL 33162

SUBJECT: ADVOCATE PUBLIC ADJUSTING, LLC

Ref. Number: L20000157903

It has been brought to the attention of the Department of State, Division of Corporations, that service of process cannot be served on JASON SHTUNDEL as registered agent for ADVOCATE PUBLIC ADJUSTING, LLC at . In accordance with Florida Statutes, every business entity shall keep the registered office open from 10:00 a.m. to 12:00 noon each day except Saturdays, Sundays, and legal holidays, and shall keep one or more registered agents on whom process may be served at the office during these hours.

Consider this letter as the Department of State's notice of intent to administratively dissolve/revoke ADVOCATE PUBLIC ADJUSTING, LLC, for failure to maintain a registered agent as required by section, Florida Statutes. This business entity will be dissolved/revoked on or after April 7, 2023 unless an address change that complies with Florida Statutes, or indication that service can be properly served at is sent to my attention at the address below.

I am enclosing a "Statement of Change of Registered Office or Registered Agent" form to be completed and returned to my attention with the appropriate filing fee. If you have questions regarding this matter, feel free to contact this office at (850) 245-6942.

Becky McKnight, Operations & Management Consultant MgrLetter No: 723A00002779
Bureau of Commercial Recording Division of Corporations

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Advocate Public Name of Limite	Adjusting LLC ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Michael Biberman Name of Person	
Firm/Company	ZOZ3 APP SECRET FALL AHA
1558 NE luand St, Uni	
North Miami Bluch, FZ City/State and Zip Code	33162
E-mail address: (to be used for future annual report i	notification)
For further information concerning this matter, please call	:
Molissa DuBoc Q at (7	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$25 Filing Fee	S55 Filing Fee & Certified Copy

INHS18 (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.

submits the following statement in truer to change as registere	a typice or regards on agoin as a f
1. Name of the limited liability company: _Advoca	ete Public Adjusting, LLC
2. (a) 1558 NE IVAN ST, Unit A	(b) 1558 NE 162 nd St, Unit ,
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
North Miami Beach, FL	North Miami Beach, FL
33162	33162
6/9/2020	L20000157903
3. Date of filing/registration in Florida	4. Document number
Town Shrindel	
5. (a) Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State:
	+203
Registered Office Address (MUST BE FLORIDA STREET A	15/70
	AP F
North Miami Beach . FL	33162
	in in the second of the secon
(b) Insurance Litigatur	
Enter name of NEW Registered Agent and/or NEW Registered	Office address:
1558 NE 162nd St, U	oitA
NEW Registered Office Address:	
North Meami Beach FL	33162
If the limited liability company is not organized under the law	vs of the State of Florida, it is hereby confirmed that after the
change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited lia	registered office and the business office of the registered
was/were authorized by an affirmative vote of the members of	if the limited hability company or as otherwise provided in
the articles of organization or the operating agreement of the	inited habitity company.
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agr	we to act in this capacity. I further agree to comply with the
the obligations of all statutes relative to the proper and complete the obligations of my position as registered agent as provided	performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
notified in writing of this change.	,yy
Signature of Registered Agent	
and the state of t	