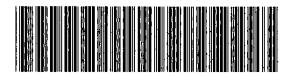
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
Granger Dulitzen/Denend 9 Acce	asiata a III C
SUBJECT: Pulitzer/Bogard & Associated (Name	e of Limited 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	g this matter to the following:
·	
David Shriver, Esq.	
(Name of Person)	
Perlman, Yevoli & Albright, P.L.	
(Firm/Company)	
200 South Andrews Avenue, Suite 600	
(Address)	
For Londondon Florido 20204	
Fort Lauderdale, Florida 33301 (City/State and Zip Code)	
(Only/State and Zip Code)	
For further information concerning this mat	ter, please call:
.	, , , , , , , , , , , , , , , , , , , ,
David Shriver, Esq.	at (954) 566-7117, Ext. 8766
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
✓ \$25 Filing Fee	C \$55 Filing Fee & Certified Conv

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: Pulitzer	Bogard & Associates, LLC	_ 6
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	pany: 8 Saratoga Street, Lido Beach, NY 11561	0
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8 Saratoga Street, Lido Beach, NY 11561	
5/5/05 3. Date of filing/registration in Florida	M05000002528 4. Document number	_ _
5. (a) Registered Agent and Registered Office shows	in G	
Registered Agent: Registered Office Address:	Perlman, Yevoli & Albright, P.L. 250 A STATE STA	_
(b) Enter name of NEW Registered Agent and/or . NEW Registered Agent:	NEW Registered Office address: Perlman, Yevoli & Albright, P.L. (Same as Above	≘) ■
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	200 South Andrews Avenue, Suite 600 Fort Lauderdale, Florida 33301 ,FL	- - D
If the limited liability company is not organized under that after the change or changes are made, the Florida soffice of the registered agent will be identical. Or, in thereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company. Signature of a member or authorized representative of a member)	street address of the registered office and the busing the case of a Florida limited liability company, it is sed by an affirmative vote of the members of the li-	ness mited
Printed or typed name of signee)		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posite. S. Or, if this document is being filed to merely reflect confirm that the limited habitity company has been not	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, a ion as registered agent as provided for in Chaptet t a change in the registered office address, I herel fied in writing of this change.	and I r 608, by

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

(Signature of Registered Agent)