I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTIN A CARTER

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M84964

Entity Name: PROGRESSIVE INSURANCE AGENCY, INC.

Current Principal Place of Business:

2352 PINE RIDGE RD NAPLES, FL 34109

Current Mailing Address:

2352 PINE RIDGE RD NAPLES, FL 34109 US

FEI Number: 65-0043926

Name and Address of Current Registered Agent:

CARTER, KRISTIN A 2352 PINE RIDGE RD NAPLES, FL 34109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: KRISTIN A CARTER		01/12/2017
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	PDVD	Title	PRESIDENT, AND VICE PRESIDENT,
Name	CARTER, KRISTIN KPCEO		TREASURER, SECRETARY
Address	2352 PINE RIDGE RD NAPLES FL 34109	Name	CARTER, KRISTIN ANN
		Address	2352 PINE RIDGE RD
City-State-Zip:		City-State-Zip:	NAPLES FL 34109

Certificate of Status Desired: No

PDVD

FILED Jan 12, 2017 Secretary of State CC3292538576

Date