FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90121 034 ***158.75

DOCUMENT # F28818

1. Entity Name

PROGRESSIVE CORPORATION

Principal Place of Business	Mailing Address
5035 E. Bosch BLVD Suite 7 Tampa Fl. 33617 US	P.O. Box 16873 Tampa Fl. 33687 US

40080917

2. Principal Place of Business	3. Mailing Address
9340 N. 56TH ST	
Suite, Apt. #, etc. Suite 222C	Suite, Apt. #, etc.
City & State Tampa, Fl.	City & State
Zip 33617 Country	Zip Country

4. FEI Number 59-2187086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Bolton, SR Jon C. 5035 E. Bosch BLVD #7 Tampa, Fl. 33617	Name Street Address (P.O. Box Number is Not Acceptable) 9340 N. 56TH ST. #222C City Tampa FL Zip Code 33617

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jon C. Bolton SR
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Bolton, SR Jon C. 5035 E. Bosch BLVD #7 Tampa Fl. 33617	☐ Delete	DP 9340 N. 56TH ST. #222C Tampa, Fl 33617	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Bolton Elizabeth A. 5035 E. Bosch BLVD. #7 Tampa, Fl. 33617	☐ Delete	9340 N. 56TH ST. #222C Tampa Fl. 33617	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jon C. Bolton SR 4-30-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #