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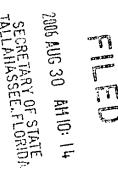
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W5-93404

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Progress Wealth Managem (Name of L	ent, LLC Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Everardo Vidaurri	
(Name of Person)	
	7A1
Progress Wealth Management, LLC	2006 AUG 30 SECRETAR) TALLAHASS
(Firm/Company)	in the second se
	ASS TAR
801 Brickell Avenue, Suite 2380	
(Address)	AN IO: 14 OF STATE OF STATE
,	PAT OF TAIL
Minmi Florida 33131	Opri 4
Miami, Florida 33131 (City/State and Zip Code)	
(Cityinate and hip citae)	
For further information concerning this matt	eer, please call:
Kelley J. Peterson	at (954) 447-1951
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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. The name of the limite	ed liability com	pany is: Progress Wealth Man	agement, LLC		
2. The mailing address o	f the limited lia	oility company is: 801 Brick	kell Avenue, Suit	e 2380	
Miami, Florida 33131					
9/22/2005		L05000	0093404		
3. Date of filing/registrat	tion in Florida		cument number		 -
5. The name of the regist Florida Department of		he registered office address	as shown on th	e records	of the
	Friedhoff, Jo	hn H Esq			
	1395 Brickell	Name Avenue - JHF, 14th Floor			
	Miami, FL 33			SEC	250
		City, State and Zip		AA 音	- 1
6. The name and address	of the new regi	stered agent and/or office:		SECRETARY) (
	Everardo Vid			ÉÉ.	
		Name venue, Suite 2380		OF STATE EE, FLORIDA	
	Florida street	address (P.O. Box NOT ac	cceptable)	TE T	-
	Miami	FL 33131			
		City, State and Zip			
confirmed that after the cand the business office of liability company, it is he	thange or change f the registered reby confirmed mited liability of the limited	of a member)	eet address of the in the case of a e authorized by	ne registere Florida lir an affirma	ed office mited ative vote
(Printed or typed name of signee	i L	ANUE (US			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	pintment as regi ns of all statules nd accept the ob this document i n that the limited	stered agent and agree to a relative to the proper and ligations of my position as s being filed to merely refle I liability company has bee	ct in this capact complete perfor registered agen ct a change in t n notified in wr	ity. I furth rmance of it as provid he register iting of thi	er agree to my duties, led for in red office s change.
(Signature of Registered Agont)		\supset			
Divisi	on of Corporat	ions, P.O. Box 6327, Talla	hassee, FL 32.	314	

FILING FEE: \$25.00

INHS18 (8/05)