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SECRETARY OF STATE

OCT 2 9 2018 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	₹	
Progress Point, LLC SUBJECT:		
Name of L	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	nange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	iter to the following:	
Madelyn Boelter		
Name of Person	——————————————————————————————————————	18
Demetree Global	L CREE	B T
Firm/Company	ASSET	18 LE
941 W. Morse Blvd., Ste. 315	FLO	· 益 〇
Address		,
Winter Park, FL 32789		·)
City/State and Zip Code		
mboelter@demetreeglobal.com	$\sim \nu$	2
E-mail address: (to be used for future annual rep	eport notification)	
For further information concerning this matter, please	se call:	
Madelyn Boelter	407 422-8191	
Name of Person	Area Code & Daytime Telephone Number	г
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 amou	unt:	
№ \$25 Filing Fee	☐ \$55 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.

l. Na	me of the limited liability company: Progress Poin	it, LLC	
	941 W. Morse Blvd	(b) 941 W	V. Morse Blvd.
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (°)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ste. 315	Ste. 2	15
	Winter Park, FL 32789	Winter	r Park, FL 32789
	October 1, 2018	L05000	0101071
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Linda A. Scarcelli		
. (u)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of S	State:
	450 So. Orange Ave.		8
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	10000000000000000000000000000000000000
			FILED OCT 18 M ANASSEE.
	Orlando , FL		18 A
	,1 L		FILED OT 18 M 7: 05 AHASSEE, FLORIDA
(b)	Madelyn Boelter		_ os
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	~
	941 W. Morse Blvd.,		
	NEW Registered Office Address:		
	Ste. 315		
	Winter Park		
	, FL		
If the I	imited liability company is not organized under the lav	vs of the State of	Florida, it is hereby confirmed that after
agent v	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	ability company.	it is hereby confirmed that the change(s)
was/wo	ere authorized by an affirmative vote of the members of cless of granization/or the operating agreement of the	of the limited liab	ility company or as otherwise provided in
are are	1//M. I Dometio		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i fin writing of this change.	nerformance of i	ny duties, and I am familiar with and accept