## L05000114525

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B. KOHR

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EXAMINER

JACKE TARY OF STATE
JIVISION OF CORPORATION

10 FTR 18 PM 2: 50



ACCOUNT NO. : 12000000	7468825
REFERENCE : 287631	7 7468825
AUTHORIZATION :	Reman 3
COST LIMIT : \$ 25.00	·
ORDER DATE : February 17, 2010	
ORDER TIME : 9:28 AM	
ORDER NO. : 287631-100	
CUSTOMER NO: 7468825	
<u>CHANGE OF AGENT</u>	·
NAME: RELIANCE-PROGRESSO, LLC	
PLEASE RETURN THE FOLLOWING AS PROOF OF FI	LING:
CERTIFIED COPY PLAIN STAMPED COPY	
CONTACT PERSON: Heather Chapman EXT# 2 EXAMINER	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 company submits the following statement in order to chain the State of Florida.	08, Florida Statutes, the inge its registered office	undersigned limited <b>A</b> abili or registered agent, or both	
Name of the limited liability company: RELIANC	E-PROGRESSO, LLC	2	
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 20 Battery Park A Asheville, NC 288	venue, Suite 305 301	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	20 Battery Park A Asheville, NC 288	venue, Suite 305 301	
11/30/2005	L05000114525		
3. Date of filing/registration in Florida	4. Document number	And the state of t	
5. (a) Registered Agent and Registered Office shown or	the records of the Florid	a Dept. of State:	
Registered Agent:	Robert O. Jackson		
Registered Office Address:	805 E. Broward Boulevard		
	Sutie 200 Ft. Lauderdale, FL	Sutice 200 Ft. Lauderdale, FL 33301	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	CW Registered Office ad	ldress:	
<u>NEW</u> Registered Agent:	NEW Registered Agent: <u>Corporation Service Company</u>		
NEW Registered Office Address:	1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL 32301	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authoritative of a member)	et address of the registere case of a Florida limited l	ed office and the business	
Blanca Lozada, Authorized Person (Printed or typed name of signee)	·····		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notific Cornogation Service Company  By:  (Signature of Registered Agent) Grace E. Kirby, Assistant V		ity. I further ayree to rmance of my duties, and I rrovided for in Chapter 608, office address, I hereby se.	
Division of Cornerations DO Do	- 6327 Tollohosson FI	20214	

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