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(Requestor's Name)		
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PICK-UP	☐ WAIT ☐ MAIL	
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Certified Copies	Certificates of Status	
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DEPARATION STATE DIVISION OF CENTRAL FLORIDA

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2006 JUN 27 PM 3: 49

SECRETARY OF STATE



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

June 27, 2006

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 THE DESCRETARY OF STATES

Re: Order #: 6673036 SO

Customer Reference 1: None Given

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Progressive Resort Group, LLC (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

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.

. The name of the limited liability company	is: Progressive Resort Group, LL	<u>C</u> .	
2. The mailing address of the limited liability	company is: 4651 Sheridan Str	reet, Suite 303	
Hollywood, Florida 33021			
May 1, 2006	L06000044868	-	
B. Date of filing/registration in Florida			
i. The name of the registered agent and the reg Florida Department of State:	gistered office address as shown o	on the records of the	
CorpDirect Age			
515 E. Park Ave	Name		
O10 E. I din Ave	Address	, P	
<u>Tallahassee, FL</u>		APE JOB	
Cit	y, State and Zip	· 是 ·	
6. The name and address of the new registered	agent and/or office:	JUN 27 PH CRETASSEE.	
Leo Ghitis		SEE	
4651 Sheridan S		2006 JUN 27 PH 3: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Florida street addre	ess (P.O. Box NOT acceptable)	A TE S	
Hollywood	FL 33021		
City	, State and Zip		
f the limited liability company is not organize confirmed that after the change or changes are and the business of fice of the registered agent liability company, it is hereby confirmed that of the members of the limited liability company in the operating agreement of the limited liability.	will be identical. Or, in the case of the change(s) was/were authorized by or as otherwise provided in the lity company:	lorida, it is hereby of the registered office of a Florida limited I by an affirmative vote articles of organization	
Signature of a member of authorized representative of a men	nber)		
eo Ghigis, Authorized Representative o	f the Member		
Printed of typed name of signee)			
I hereby accept the appointment as registered omply with the provisions of all statutes relating I am familiar with and accept the obligation hapter 608/F.S. Or, if this adjument is being address, I have by confirm that the limited liability of Registery Agent)	agent and agree to act in this cap ive to the proper and complete pe ons of my position as registered a g filed to merely reflect a change lity company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00

INHS18 (8/05)