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COVER LETTER

то:	Registration Section Division of Corporations						
SUBJE	Progressive Water Resources, LLC						
5012	Name of Limited Liability Company						
Dear Si	r or Madam:						
The end	:losed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.					
Please t	return all correspondence concerning thi	is matter to the following:					
David E	Brown						
	Name of Person						
Progress	sive Water Resources, LLC						
	Firm/Company						
6561 Pa	ilmer Park Circle, Suite D						
	Address						
Sarasota	n, F1, 34238						
	City/State and Zip Code						
amy.rob	perts@respec.com						
E-	mail address: (to be used for future ann	ual report notification)					
For furt	her information concerning this matter.	please call:					
Amy Ro	bberts	941 552-5657 at ()					
	Name of Person	Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations					
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following	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 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.

2 (a)			(b)			
2. (u)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(0)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	6561 Palmer Park Circle, Suite D			6561 Palı	mer Park Circle, Suite D	
	Sarasota, FL 34238	_		Sarasota,	FL 34238	
	06/05/2007		1.	.07000059	9634	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	Registered Agent and Registered Office shown on the records of	the Flor	da I	Dept. of Sta	ate:	
	David J. Brown					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_		
	6561 Palmer Park Circle, Suite D					
	Sarasota, FL	34238				(3
	, FI	'	•		2021	
(b)					2021 AUG	T
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	ıddı	ress:	3 16	
	Phillip Welling				SEE FL	m
	NEW Registered Office Address:				7	\cup
	6561 Palmer Park Circle, Suite D		_		一片	
	Sarasota, FL	34238			_	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of f the li	red con mit	office ar pany, it ed liabili	nd the business office of the registere is hereby confirmed that the change(s ity company or as otherwise provided	d s)
	. 1 ps	Di	ivid	J. Brown		
_	ture of a member or authorized representative of a member				Printed or typed name of signee	
I herei provisi the obl to mer	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I I	ee to a perfori I for in iereby	et in nan Ch con	i this cap ice of my apter 60: firm that	oacity. I further agree to comply with duties, and I am familiar with and a 5. F.S. Or, if this document is being the limited liability company has be	i the scept filed en

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Signature of Registered Agent