1660000101305

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	IP. WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
	A. HINT

DEC 14 2010

EXAMINER

Office Use Only



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TALLAHASSEE FLORIE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Progressive Real Name of Limite	a/t/////ed Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for file	ing.			
Please return all correspondence concerning this n	matter to the following:				
Peter Jean Name of Person					
Progressive Realty Title, U. Firm/Company	C. AHAS	2010 DEC 13	in the second		
2925 SW 18th Terran	RY OF STAF	TILES			
Fort Lauderdale FL 33 City/State and Zip Code	3315 <u>°</u>	.ଜ			
Drogressive realty title V E-mail address: (to be used for future annual seport notification	LLC @ gmail. Com				
For further information concerning this matter, please call:					
Peter Jean at (_	561) 704-3293 Area Code & Daytime Telephone Numbe	er			
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 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 608.2 liability company submits the following statement in order agent, or both, in the State of Florida.	er to change its registered office or registered
1. Name of the limited liability company: Progres	sive Realty Title
2. (a) Principal office address of limited liability compan	y: 2925 SW 18th Terrace
(Note: MUST BE STREET ADDRESS)	Fort Lauderdale FL. 33315
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	1. 1. 0.000 1.093.05 4. Document number 3. 3. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Peter Jean
Registered Office Address:	2925 SW 18th Ferrace Fort Landerdale FL. 33315
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: Peter Jean
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2813 North Course dr 20mDaro beach, FL 33069
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be idenliability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Thereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	Clorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Signature of Registered Agent	

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