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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Sulligan OCT 2 1 2011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PROGRESSIVEAGE LLC		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Aleh Ly-JKIN Name of Person	······································	
Progressiveage Li	<u>'C</u>	
ESO1 NW 23Rd Blud, Apt P104 Address		
Gaines ville, Florida, 32605 City/State and Zip Code		
Lytkiw. Olega gmail. com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Aleh Lytkin at (727 331 - 1382 Arca Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	1 mmanassoo, 1 1011da 5251T	
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 608.508, 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.

agein, or boin, in the State of Frontia.	. , , ,
1. Name of the limited liability company: Pro	gressivenge LLC
2. (a) Principal office address of limited liability con	npany: 2801 NW 23Rd Blvd,
(Note: MUST BE STREET ADDRESS)	Apt P104, GAINESVILLE, 326
(b) Mailing address of limited liability company:	2801 NW 23 Rd Blud,
(Note: MAY BE POST OFFICE BOX)	Apt P104, CAINESVILLE 32605, FLORIDES =
November 12,2010	1.100001184478 m
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shows	n on the records of the Florida Dept of State
Registered Agent:	Aleh Lytkin 8 =
Registered Office Address:	1816 Shore DESP ADT 236 South Pasadena, 33707
(b) Enter name of NEW Registered Agent and/or NEW Registered Agent:	NEW Registered Office address: Aleh Ly-In
	2801 NW 23Rd Blvd
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Apt. PID4, Gaines Ville ,FL 32605
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	
Aleh Lytkin	
Printed or typed name of signee	and the second second second
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of n Chapter 508, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to be proper and complete performance of my duties, by position as registered agent as provided for in the office office in the registered office office in writing of this change.
Signature of Registered Igent	

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