L11000135342

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CSC - WILMINGTON
Suite 400° 7
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: April 24, 2014

Order#: 101459/063

Re: PROGRESSIVE EMPLOYER MANAGEMENT COMPANY IV, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

1.	Name o	f the limited liability	company: PROGRESSIV	E EMPLO	OYER MAN	AGEMENT COMPAN	Y IV, LLC	
2 (2	o 6407	7 Parkland Drive		(b)			
2. (.) <u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Sarasota	FL 34243					
	1	1/30/2011		 .	L110001	35342		
3.		Date of filing/reg	istration in Florida	4.		Document number		
5. (a)C	T CORPORATION S	YSTEM					
٠. (,		d Office shown on the records o	f the Florida	Dept. of Stat	– e:		
	120	00 SOUTH PINE ISLA	AND ROAD					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
							F8 7	
	Pla	antation	, F	L <u>33324</u>	,	_	HL 14 APR 29 SECKCTAR SECKCTAR	
(t	s) Cor	rporation Service Con	nnanv				2335 24 Ot 14 6	
(1	<i>,</i>	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	De co		
							984 - 8	
	120	1 Hays Street				_	Same to	
	<u>NEW</u>	V Registered Office Addre	SS:					
						_		
	Tall	ahassee	, F	L <u>32301</u>		_		
the cagen was/	hange o t will be were au	or changes are made, to e identical. Or, in the othorized by an affirm	not organized under the lather Florida street address of a Florida limited lative vote of the members operating agreement of the	of the regist iability co of the lim	stered offic ompany, it i iited liabilit	e and the business off is hereby confirmed the ty company or as othe	ice of the registered nat the change(s)	
		TO		Dor	na Priebe, A	Authorized Person		
	nante of		epresentative of a member			Printed or typed name of		
I he prov the c to m notif	reby accisions of bligation of the control of the c	cept the appointment of all statutes relative ons of my position as flect a change in the priting of this change,	as registered agent and ag to the proper and complet registered agent as provid registered office address, I	gree to act e perform ed for in (hereby c	t in this cap ance of my Chapter 60: onfirm that	oacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability co	to comply with the liar with and accept ument is being filed ompany has been	
Sign	ature of R	 	ration Service Company	BY: G	race E. Ki	rby, Assistant Vice	President	

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