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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies Certificates of Status					
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S):

ERVICES	CORPORATION NAME (S) AND DOCUMENT NUMBER (S
	L12 000156472
TROGRESSIVE	Enfloyer Management Company VII LCC
Filing Evidence Plain/Confirmation	Type of Document
□ Certified Copy	□ Certificate of Good Standing
	□ Articles Only
Retrieval Request Photocopy Certified Copy	 All Charter Documents to Include Articles & Amendments Fictitious Name Certificate Other
NEW FILINGS	AMENDMENTS
Profit	Amendment
Non Profit	Resignation of RA Officer/Director
Limited Liability	Y Change of Registered Agent

Profit
Non Profit
Limited Liability
Domestication
Other

 OTHER FILINGS
Annual Reports
 Fictitious Name
Name Reservation
Reinstatement

AMENDMENTS
Amendment
 Resignation of RA Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

REGISTRATION/QUALIFICATION
Foreign
Limited Liability
Reinstatement
Trademark
Other

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

1. Na	me of the limited liability company: Progressive Empl	oyer Mar	agement Comp	oany VII, LLC	: 		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	3350 Buschwood Park Drive, Suite 200		6407 Parkland Drive				
	Tampa, FL 33618		Sarasota, FL	34243	_		-
	12/14/2012		L1200015647.	2			
3.	Date of filing/registration in Florida Corporation Service Company	4.	C	Document number			
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1201 Hays Street Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2	2019 DEC	
(b)	Tallahassee, FL	32301	32301				71
	NRAI Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:			ę.		30 P	
			dress:		HILL	PM 3: 47	
	NEW Registered Office Address: 1200 South Pine Island Road						
	Plantation , FI	33324					
the cha agent v was/we	imited liability company is not organized under the lainge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the f the regi ability c of the lin	stered office a ompany, it is l nited liability	and the busin hereby confi company or	ness irme	office d that	of the registered the change(s)
	Signature of a member or authorized representative of a member		er C. Grabowsk				
Signa	Signature of a member or authorized representative of a member		Printed or typed name of signce				nee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

NRAI Services, Inc.

NRAI Services, Inc.

Signature of Registered Agent