L12000/56910

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

Office Use Only



900259239069

04/29/14--01003--014 **25.00

14 APR 29 PM 1: 16

C. LEWIS

MAY 9 2014

EXAMINE



CSC - WILMINGTON
Suite 400
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#: 101459/066

Re: PROGRESSIVE EMPLOYER MANAGEMENT COMPANY VI, 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.	Na	me of the limited liability company: PROGRESSIVE	EMPLO	YER MAN	AGEMENT COMPANY VI, LLC
2	(a)	6407 Parkland Drive	(h	·)	
	(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			
		12/14/2012		L1200015	56910
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	CT CORPORATION SYSTEM			
٥.	(4)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Stat	- e:
		1200 SOUTH PINE ISLAND ROAD			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>	-
					29
					ALLAHASSEF
		Plantation , FL	33324		- 22
(29 PI
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	Office ed	·lunca:	- The state of the
		Effet frame of NEW Registered Agent and of NEW Registered	Onke au	<u>u1035</u> .	
		1201 Hays Street			意義 あ
		NEW Registered Office Address:	·		-
					-
		Tallahassee , FL	32301		_
th ag wa	e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization. The operating agreement of the	the reginability confirmation of the limited l	stered offic ompany, it i lited liabilit liability cor	e and the business office of the registered s hereby confirmed that the change(s) cy company or as otherwise provided in inpany.
_	Signa	turk of a member or authorized representative of a member	טטו	ia Priebe, P	Authorized Person Printed or typed name of signee
I pr th to no	here ovisi e obl mere stifie	by accept the appointment as registered agent and agroups 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 have a change of this change. The of Registered Agent Corporation Service Company	perform d for in (hereby c	ance of my Chapter 60. onfirm that	acity. I further agree to comply with the

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