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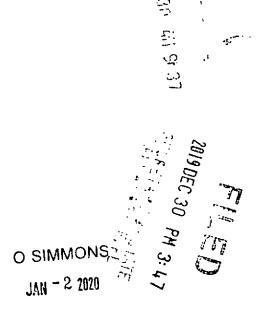
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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5):

	CORPORATION NAME (S) AND DOCUMENT NUMBER (LIZ000156410 Loyer Management Company VI LLC
Filing Evidence Plain/Confirmation Copy Certified Copy	Type of Document □ Certificate of Status □ Certificate of Good Standing
Retrieval Request Photocopy Certified Copy	 □ Articles Only □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate □ Other
NEW FILINGS Profit	AMENDMENTS Amendment
Non Profit	Resignation of RA Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

L	<u> </u>
	OTHER FILINGS
	Annual Reports
<u> </u>	Fictitious Name
	Name Reservation

Reinstatement

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 Florida.

1.	Na	me of the limited liability company: Progressive Employ	yer Ma	nagement Con	npany VI, LLC				
2. (a)		_ (b)	dailing address o				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Aailing address o (<u>Note: MAY B</u>				
		3350 Buschwood Park Drive, Suite 200	_	6407 Parkla	and Drive				
		Tampa, FL 33618	-	Sarasota, F	L 34243	· · ·		<u>.</u>	
		12/14/2012		L120001569	10				
3.		Date of filing/registration in Florida	4.		Document nu	mber			
5.	(a)	Corporation Service Company							
	()	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)				2019 DEC 30			
	(b)	Tallahassee, FL_3	32301	01			C 30	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
(NRAI Services, Inc.					PM 3: 47		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	<u>ddress</u> :		H	47		
		NEW Registered Office Address:			-				
		1200 South Pine Island Road			-				
		Plantation FL_	33324		-				
the age was	cha nt v s/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he reg bility of the lin	istered office company, it is mited liability	e and the busing s hereby confi y company or	ness off rmed th	ice of the	the registered change(s)	
		ture of a member or authorized representative of a member	Pet	er C. Grabows					
S	igna	ture of a member or authorized representative of a member			Printed or types	d name of	Signee		
pro the to n not By:	visi obl ner ified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. NRAI Services, Inc.	e to a perfori for in ereby	ct in this cape nance of my o Chapter 605 confirm that	acity. I furthe duties, and I a 5, F.S. Or, if t the limited lia	r agree un famil his docu bility co	to con liar wi ument ompan	nply with the th and accept is being filed y has been	