

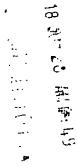
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## **COVER LETTER**

TO: Registration Section Division of Corporations

PROGRESSIVE STERILIZA	ATION SOLUTIONS, LLC						
SUBJECT: Name	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	ice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	is matter to the following:						
Michele Mauzerali							
Name of Person	<del></del>						
Progressive Sterilization Solutions, LLC							
Firm/Company							
5419 Delett Ave S							
Address	<u>.                                    </u>						
St Petersburg, FL 33707							
City/State and Zip Code							
mem.pmbs@gmail.com							
E-mail address: (to be used for future annu	ual report notification)						
For further information concerning this matter.	please call:						
Michele Mauzerall	908 300-7093						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following	amount:						
<b>☑</b> \$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 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 No		PROGRESSIVE STERILIZATION SOLUTIONS, LLC					
	me of the limited liability company: 5419 Delett Ave S	PO Box			¢ 530311		
2. (a)	Principal office address of limited line (Note: MUST BE STREET A St Petersburg, FL 33707		(')	,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  sburg, FL 33747		
	02/3/2014			L140000			
3.	Date of filing/registration in Michele Emilina Mauzerall	a Florida	4.		Document numb	er	
5. (a)	Registered Agent and Registered Office shot 3815 35th Way South	wn on the records of	the Florida	Dept. of State	- e:		
	Registered Office Address (MUST BE F Suite 101	LORIDA STREET /	1DDRESS	- بور			
	St Petersburg	. Fl.	33711	· · · · · · · · · · · · · · · · · · ·	-	-	r. C• ,
(1.3	Michele Mauzerall						፱ <u>፻</u> ቴ <b>ፍ</b> ት
(b) .	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			-		<b>第</b> 5	
	5419 Delette Ave S					71	
	NEW Registered Office Address:			-	-		
	St Petersburg	. Fl.	33707		-		
the cha agent v was/we the arti	imited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating our of amember of authorized representative ways on the appointment as register	a street address of Florida limited lia of the members of agreement of the	the regis ability co of the lim limited I Mic	stered office ompany, it is ited liability iability con hele Mau	e and the business is hereby confirmed or as of a pany.  Zerall  Printed or typed nar	s office ed that otherw me of si	e of the registered the change(s) rise provided in gnee
provisi the obl to mero notified	hy adcept the appointment as register ons of all statutes relative to the projections of my position as registered ely reflect a change in the registered Fin writing of this change	per and complete agent as provided	performe d for in C	ance of my a Thanter 605	duties, ånd Lam f 5. F.S. Or. if this	lamilia docun	ir with and accept ient is being filed
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