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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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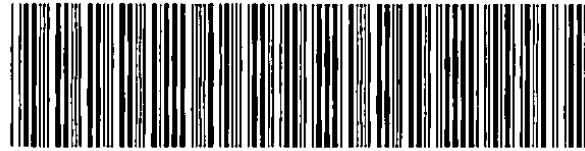
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Progeny Holdings LLC
Name of Limited Liability Company

Mr Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Collins

Name of Person

Progeny Holdings
Firm/Company

5057 Peachtree Pkwy, #107-168
Address

Norcross, GA 30092

City/State and Zip Code

john@jwcollins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Collins

Name of Person

at (770) 639-3934

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$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.*

Name of the limited liability company:

Progeny Holdings LLC

a)

1731 N. Fletcher Ave

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Fernandina Beach, FL 32034

b)

5075 Peachtree Parkway

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Suite 107-166

Norcross, GA 30092

5-1-14

Date of filing/registration in Florida

4.

L14000072727

Document number

(a)

John W. Collins

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1731 N. Fletcher Ave

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Fernandina Beach, FL 32034

b)

Stacie Starline

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1731 N. Fletcher Ave

NEW Registered Office Address:

Fernandina Beach, FL 32034

SECRETARY OF STATE
TALLAHASSEE, FL

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
change or changes are made, the Florida street address of the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signer

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
merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been
informed in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00