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DATE:

02-29-2012

NAME:

PROGRESSIVE LOGISITICS SERVICES, LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST:

\$25

RETURN:

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ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/BAU

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: PROGRES	SSIVE LOGISTICS SERVICES, LLC	
2. (a) Principal office address of limited liability compan	y: 6525 The Corners Pkwy	
(Note: MUST BE STREET ADDRESS)		
	Norcross, GA 30092-3344	
(b) Mailing address of limited liability company:	6525 The Corners Pkwy	
(Note: MAY BE POST OFFICE BOX)	Norcross, GA 30092-3344	
October 1, 1999	M9900001546	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	515 E. Park Ave.	
	Tallahassee, Florida 32301	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
<u>NEW</u> Registered Agent:	National Corporate Research, stifd., Inc.	
NEW Registered Office Address:	155 Office Plaza Drive	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301	
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) was/were authorized by an affirmative vote of the members of the simited 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 signes		
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 608, 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.		
Lucy Dawson, Assistant Secretary Signature of Registered Agent		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00