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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: SPACE COAST PROGRESSIVE ALLIANCE, INC.

Name of Corporation

DOCUMENT NUMBER: NU40000

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID A. GUNTER, ESQ.

Name of Contact Person

LAW OFFICE OF DAVID A. GUNTER, P.A.

Firm/Company

7351 OFFICE PARK PLACE, SUITE 153

Address

MELBOURNE, FL 32940-8229

City/State and Zip Code

david@gunterlawoffice.com

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

For further information concerning this matter, please call:

Susan P. Gunter

,321 336-7484

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



statement of chai	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida tered agent, or both, in the State of Florida.	
	- , , , ,	PROGRESSIVE ALLIANCE, INC.	
2. The principal	office address:		
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 01/27/2004	Document number: N0400000817	
	street address of the current registered ment of State: (If resigned, enter resign	agent and registered office on file with the ed)	
	SPENCE GUERIN		
-	2112 HELEN STREET		
	MELBOURNE, FL 32901-5	5914	
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or registered office	
-	DAVID A. GUNTER	3: 49 03:49	
	7351 OFFICE PARK PLAC	E, SUITE 153	
	P.O. Box NO MELBOURNE, FL 32940-8	·	
The street addres as changed will be	ss of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change was authorized by the	s authorized by resolution duly adopted board, or the corporation has been no	d by its board of directors or by an officer so stified in writing of the change.	
	e of an officer or director	PHILIP STASIK, PRESIDENT Printed or typed name and title	
I hereby accept t I further agree to performance of n agent. Or, if this hereby confirm t	he appointment as registered agent and comply with the provisions of all state by duties, and I am familiar with and a deciment is being filed merely to refinal the comporation has been notified in	nd agree to act in this capacity. utes relative to the proper and complete accept the obligation of my position as registered lect a change in the regisiered office address, I in writing of this change.	
Signs	Ature of Registered Agent	SEPTEMBER 17, 2015	
If signing on beh		Dail	
Туţ	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *