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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I20000000195
Phone: (850)521-1000

Fax Number : (850) 558-1575

REGISTERED AGENT CHANGE
PROGRESSIVE COMMUNITIES OF COCOA, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ler to change its registered office or registered agent, or both, in the State of Florida		
1. The name of	the corporation: PROGRESSIVE COMMUNITIES OF COCOA, INC.		_
2. The principal	l office address: 395 South Range Road		_
	Cocoa, PL 32926		_
3. The mailing	address (if different):		_
4. Date of incor	rporation/qualification: April 21, 2004 Document number: N04000003968		-
	d street address of the current registered agent and registered office on file with the utment of State:	103 103 103 108	T-laying
	Ronald M. Sellers	美 齊 戶	
	c/o Housing Authority of the City of Cocoa	JUL III I	
	615 Kurek Court, Merritt Island, FL 32953	유 교	
The name an (if changed):	d street address of the new registered agent (if changed) and for registered office	STATE LORIDA	
	Debrah M.A. Carter	•	
	395 South Range Road		
	(PO Box NOT acceptable)		
	Cocoa, PL 32926		
The street addr	ess of its registered office and the street address of the business office of its registe l be identical.	red agent,	
Such change want by t	as authorized by resolution duly adopted by its board of directors or by an officer: the board, or the corporation has been notified in writing of the change.	\$0	
Lubra	With Carler Debrah M.A. Carter		
(Signar	the of an officer of director) [Present of typed name and fide) Se	cretary	T-V
i hereoy accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete pend I am familiar with and accept the obligation of my position as registered agent, ing filed merely to reflect a change in the registered office address, I hereby confines been notified in writing of this change. (1/ 14 12/1	rformance Or, if this m that the	
By (S)	gnature of Registered Agent) (Date)		
lf signing on be	chalf of an entity:		

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

Make Checks payable to Florida Department of State Mail. 10: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314