N10000009945

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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Amendm Division | ent Section of Corporations | |
|-------------------------------------|---|---|
| SUBJECT: | Committee for Prog | gressive Values |
| | Tumo of C | Solporation |
| DOCUMENT N | UMBER: N10 | 000009945 |
| The enclosed Sta | tement of Change of Registered Offic | ce/Agent and fee are submitted for filing. |
| Please return all | correspondence concerning this matte | er to the following: |
| | Anthony Pedi | cini ontact Person |
| | | |
| | Firm/C | ompany |
| 511 W. Bay Street Suite 350 Address | | |
| | Add | iress |
| | Tampa, F City/State a | TL 33608 nd Zip Code |
| | anthony@ima E-mail address: (to be used for the | gemgmt.com future annual report notification) |
| For further inform | nation concerning this matter, please | call: |
| | Michael Millner | at (717) 503-6453 Area Code & Daytime Telephone Number |
| Ŋ | ame of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a \$35 | 6.00 check made payable to the Depar | 全 |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 | Street Address: Amendment Section Division of Corporations Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Cicle Tallahassee, FL 32301 |



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2011

ANTHONY PEDICINI 511 W. BAY STREET SUITE 350 TAMPA, FL 33608

SUBJECT: COMMITTEE FOR PROGRESSIVE VALUES, INC.

Ref. Number: N10000009945

We have received your document for COMMITTEE FOR PROGRESSIVE VALUES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 311A00021529



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

| | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor ange is submitted for a corporation organized under the laws of the State | |
|--|---|---|
| | er to change its registered office or registered agent, or both, in the State | |
| 1. The name of | the corporation: Committee for Progressive Values, Inc. | c |
| 2. The principal | office address: 511 W. Bay Street Suite 350, Tampa, FL 33 | 606 |
| <u></u> | | |
| 3. The mailing | address (if different): | |
| 4. Date of incor | poration/qualification: Oct. 25, 2010 Document number: | N1000009945 |
| | d street address of the current registered agent and registered office on firtment of State: (If resigned, enter resigned) | le with the |
| | Diane L. DollRESIGNED | |
| | 6753 Thomasville Rd., Ste 108-323 | <u></u> |
| | Tallahassee, FL 32312 | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registere | 基質 子 _ |
| | Anthony Pedicini | |
| | 511 W. Bay Street, Suite 350 P.O. Box NOT acceptable | OF SIM |
| | Tampa, FL 33606 | 5 |
| The street addr | ess of its registered office and the street address of the business office l be identical. | of its registered agent, |
| Such change w authorized by t | as authorized by resolution duly adopted by its board of directors or the board, or the corporation has been notified in writing of the change | oy an officer so e. |
| /Notale/ | Michael Millner are of an officer or director Printed or typed name | Treasurer |
| I hereby accept I further agree of my duties, an 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 I am familiar with and accept the obligation of my position as reging filed merely to reflect a change in the registered office address, I show the property of this change. | , d complete performance stered agent. Or, if this hereby confirm that the |
| <u> ادے ×</u> | September | 8, 2011 |
| | gnature of Registered Agent Date | |
| It signing on bo | chalf of an entity: | |
| | yped or Printed Name | |
| | * * * FILING FEE: \$35.00 * * * | |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)