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SECRUTARY OF STATE





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: April 24, 2014

Order#: 101459/041

Re: PROGRESSIVE EMPLOYER MANAGEMENT COMPANY II, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of ch	nange is submitted for a corporation her to change its registered office or	17.0502, 607.1508, or 617.1508, Florida Statutes, to organized under the laws of the State of FL registered agent, or both, in the State of Florida.	his ——	
1. The name of	the corporation: PROGRESSIVE E	EMPLOYER MANAGEMENT COMPANY II, INC.		•
	office address:and Drive, Sarasota FL 34243			
3. The mailing	address (if different):			<u> </u>
4. Date of incom	te of incorporation/qualification: 12/11/2000 Document number: P000001146			
	nd street address of the current registartment of State: (If resigned, enter a	tered agent and registered office on file with the resigned)		
	CT CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROA	AD	14	23 CP 69 CP 17 CP
	Plantation	FL 33324	APR 28	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			PM	
	Corporation Service Company		17	*/*)
	1201 Hays Street			
	. P.O. B Tallahassee	FL 32301		
		street address of the business office of its registere		ŧ,
authorized by t	the board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.		
	le con l'ocer or l'estor	Dona Priebe, Vice President		
I hereby descp. I further agree performance o agent. Or, if the hereby confirm	t the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with	Printed or typed name and title ent and agree to act in this capacity. ll statutes relative to the proper and complete and accept the obligation of my position as regist to reflect a change in the registered office address ified in writing of this change.	ered , Í	
By: J	Lea CAMOLA	04/23/2014		
	gnature of Registered Agent	Date		
If signing on b	ehalf of an entity:			
	r, Assistant Vice President Typed or Printed Name			
•	Typed of Tritical Haine	•		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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