POCOCO 114488

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





400338394794

12/30/19--01004--006 **140.00



JEINGE I TSCHROEDER



UCC Filing & Search Services, Inc.

1574 Village Square Boulevard, Suite 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD

FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

SERVICES	CORPORATION NAME (S) AND DOCUMENT NUMBER (S):
Progressive Employer	Management Company II, INC (PODDOS 11468.
Filing Evidence Plain/Confirmation C	Type of Document
□ Certified Copy	□ Certificate of Good Standing
	□ Articles Only
Retrieval Request Photocopy Certified Copy	 □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate □ Other
NEW FILINGS	AMENDMENTS
Profit	Amendment
Non Profit	Resignation of RA Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

OTHER FILINGS				
	Annual Reports			
	Fictitious Name			
	Name Reservation			
	Reinstatement			
	rement			

REGISTRATION/QUALIFICATION
Foreign
Limited Liability
Reinstatement
Trademark
Other

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

stutement of cl	hange is submitted for a corporation org	ganized under the laws of the State of FL	
		istered agent, or both, in the State of Florida	
		OYER MANAGEMENT COMPANY II, INC.	
2. The principa	al office address: 3350 BUSCHWOOD PA	ARK DRIVE, STE 200, TAMPA, FL 33618	
		· · · · · · · · · · · · · · · · · · ·	
3. The mailing	address (if different): 6407 PARKLAND	DRIVE, SARASOTA, FL 34243	
4. Date of inco	orporation/qualification: 12/11/2000	Document number: P00000114688	
	nd street address of the current registere partment of State: (If resigned, enter resign	d agent and registered office on file with the gned)	•
	CORPORATION SERVICE COMPAN	Y	
	1201 HAYS STREET	>	19 D
	TALLAHASSEE, FL 32301		AC 20 - C 20 -
6. The name at (if changed)		gent (if changed) and /or registered office	RO AMI
	NRAI Services, Inc.		51Α:: 3
	1200 South Pine Island Road		- 39 - 39
	P.O. Box N	OT acceptable	
	Plantation, Florida 33324		
_		et address of the business office of its regis ted by its board of directors or by an office notified in writing of the change.	
authorized by	the board, or the corporation has been i	notified in writing of the change.	
(5m	titre of an officer or director	PETER C. GRABOWSKI, SEC, TREAS	
I hereby accep I further agree performance o	of the appointment as registered agent of the to comply with the provisions of all st of my duties, and I am familiar with an	Printed of typed name and litter and agree to act in this capacity, attites relative to the proper and complete If accept the obligation of my position as re effect a change in the registered office addit If in writing of this change.	egistered ress, I
NRAI By:	Services, Inc. of Sturd	12/23/19	
	ignature of Registered Agent	Date	
If signing on b	chalf of an entity:		
ED HAND			
	Typed or Printed Name		
	* * * FILING F	FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)