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(Requ	estor's Name)						
(Addre	ess)						
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(City/State/Zip/Phone #)							
PICK-UP	WAIT MAIL						
(Busin	ess Entity Name)						
(Docur	ment Number)						
Certified Copies	Certificates of Status						
Special Instructions to Fili	ng Officer:						
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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Progressive \(\)(Name or	an Lines, Inc.
DOCUMENT NUMBER: PO10000 3	
The enclosed Officer/Director Resignation for a Co	rporation and fee are submitted for filing
Please return all correspondence concerning this ma	atter to the following:
Asaf Nass (Name of Person)	
Progressive Van Lives (Name of Firm/Company)	
125 Component Drive (Address)	
San Jose, CA 95131 (Citý/State and Zip Code)	
For further information concerning this matter, plea	se call:
Michael Garcia at (Name of Person) at (108) 954 - 7343 Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the	Florida Department of State.
Mailing Address:Street AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. GainesTallahassee, FL 32314Tallahassee, F	orporations Street

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ĭ, _	Amit	Ezyoni		, hereby resign as	VPD	itle)		
of_	Proc	gressive V	an lines	(nc			,	
7	Ol Oocument 1) 35507 Number, if known)	, a corpo	ration organized und	er the laws of the	: State of		
	Florida	2	·					
			(Signature of	resigning officer/directo	or)		OH MAY 18 PM 2:50	FILED

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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