

P05000011826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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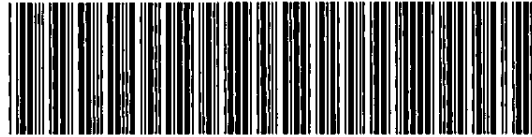
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROGRESSIVE TITLE INSURANCE AGENCY, INCORPORATED
Name of Corporation

DOCUMENT NUMBER: P05000011826

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANN MARIE GREENLAND

Name of Contact Person

PROGRESSIVE TITLE INSURANCE AGENCY, INCORPORATED

Firm/Company

1880 N. UNIVERSITY DRIVE

Address

PLANTATION, FL 33322

City/State and Zip Code

ANN@PROGRESSIVETITLEINSURANCEAGENCYINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN MARIE GREENLAND at **954** **598-0900**

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2012

ANN MARIE GREENLAND
1880 N UNIVERSITY DR.
PLANTATION, FL 33322

SUBJECT: PROGRESSIVE TITLE INSURANCE AGENCY INC.,
Ref. Number: P05000011826

We have received your document for PROGRESSIVE TITLE INSURANCE AGENCY INC., and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 412A00027943

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PROGRESSIVE TITLE INSURANCE AGENCY INC.,
2. The principal office address: 1880 N. UNIVERSITY DRIVE, PLANTATION,
FLORIDA 33322
3. The mailing address (if different): PO BOX 15006,
PLANTATION, FL 33318
4. Date of incorporation/qualification: 01/12/2007 Document number: P05000011826
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ann Marie Greenland
1876 N. UNIVERSITY DR, SUITE 307 C
PLANTATION, FL 33322

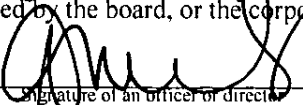
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ann Marie Greenland.
1880 N. UNIVERSITY DRIVE
PLANTATION FL 33322

P.O. Box NOT acceptable

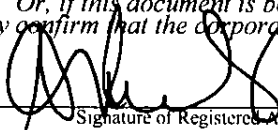
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

ANN MARIE GREENLAND
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

11/15/2012

Date

If signing on behalf of an entity:

ANN MARIE GREENLAND
Typed 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 (03/12)