POS000085676

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificate	es of Status			
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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJI	ECT: Progressive Wire & Cable, INC (Name of Corporation)			
DOCE	UMENT NUMBER: P05000085676			
The en	iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	John M Reed (Name of Contact Person)			
Progressive Wire & Cable, INC (Firm/Company)				
	PO BOX # 1780 (Address)			
	Riverview, FL 33568 (City/State and Zip Code)			
For fu	rther information concerning this matter, please call:			
John	M Reed at (813) 470-4020 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclos	sed 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			

TO:

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

•	e provisions of sections 607.0502, 617.0502, 607.1508, or hange is submitted for a corporation organized under the	_	
	der to change its registered office or registered agent, or t		
1. The name of	f the corporation: Progressive Wire & Cable, INC.		
	al office address: 4711 Transport Drive - Tampa, FL	33605	
3. The mailing a	; address (if different): PO BOX # 1780 - Riverview,	FL 33568	
4. Date of incorp	orporation/qualification: 06/14/2005 Docume	nt number: P050000856	376
	nd street address of the current registered agent and regist partment of State:	ered office on file with the	
	John M. Reed		
	40047 CR 54 East		
	Zephryhills, FL 33540		
6. The name and (if changed):	nd street address of the new registered agent (if changed)	and /or registered office	D6 JAN -3
	4711 Transport Drive		ि इस्
	(P.O. Box NOT acceptable)	5	
	Tampa, FL 33605		gri ω
The street address changed will	lress of its registered office and the street address of the ill be identical.	business office of its regi	istered agent,
Such change wauthorized by the	was authorized by resolution duly adopted by its board the board, or the corporation has been notified in writing	of directors or by an offic ng of the change.	er so
Joh n	7 Road John Tohn	M Reed Se	cretary
I hereby accept I further agree of my duties, ar document is be corporation ha	pt the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to and I am familiar with and accept the obligation of my being filed merely to reflect a change in the registered of as been notified in writing of this change.	t in this capacity, o the proper and complete position as registered age office address, I hereby con	e performance nt. Or, if this nfirm that the
Joh 2	~ Road	-128/05	
(Si	Signature of Registered Agent)	(Date)	<u> </u>
11 signing on be	behalf of an entity:		
	(Typed or Printed Name)		

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

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