| (Requestor's Name) (Address) | 4001633614 | | |
|---|--|--|--|
| (Address) | 4 | | |
| (City/State/Zip/Phone #) | 12/16/0901014005 | | |
| (Business Entity Name) | | | |
| (Document Number) | ₽, | | |
| Certified Copies Certificates of Status | LLAHAS | | |
| Special Instructions to Filing Officer: | SET CONTRACTOR TO THE CONTRACT | | |
| | ORIDA CRIDA | | |
| Office Use Only | | | |

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December 14, 2009

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INFORMATION TECHNOLOGY WILLIAM F. KENT

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

Re: Progress Bank of Florida - Change of Registered Office

Sir or Madam:

Enclosed are the following items:

- (a) original fully executed Statement of Change of Registered Office or Registered Agent or Both for Corporations (the "Statement of Change") (together with corresponding form Cover Letter) for Progress Bank of Florida; and
- (b) Progress Bank's expense check no. 4126 in the amount of \$35.00 (representing the filing fee for a change of registered office).

Please change the registered office for the current registered agent, Virginia Mentzer, of Progress Bank of Florida as reflected in the Statement of Change.

If you have any questions, please call me at (813) 225-1818, extension 247.

Sincerely yours,

THE SOLOMON LAW GROUP, P.A.

By:

Darshna M. Patel

Enclosures

COVER LETTER

| TO: | Amendment Section Division of Corporati | ons | | | | | |
|--------|---|---|-----------------------------|--------------------------------------|--|--|--|
| SUBJ | ECT: | Progress Bank | k of Florida Corporation | | | | |
| DOCU | JMENT NUMBER: | P08 | 000042057 | | | | |
| The er | closed Statement of Ch | ange of Registered Offic | e/Agent and fee are su | bmitted for filing. | | | |
| Please | return all corresponder | ice concerning this matte | r to the following: | | | | |
| | Virginia Mentzer Name of Contact Person | | | | | | |
| | | Name of Co | intact Person | | | | |
| | Progress Bank of Florida | | | | | | |
| | | Firm/C | ompany | | | | |
| | 5537 Sheldon Road, Suite D | | | | | | |
| | | Ado | lress | | | | |
| | Tampa, Florida 33615 City/State and Zip Code | | | | | | |
| | Gmentzer@ProgressBankFL.com E-mail address: (to be used for future annual report notification) | | | | | | |
| For fu | rther information conce | rning this matter, please | call: | | | | |
| | Virginia N | /lentzer | at (813) | 243-7766 | | | |
| | Name of Cont | act Person | Area Code & D | 243-7766 Paytime Telephone Number | | | |
| Enclos | eed is a \$35.00 check m | ade payable to the Depar | tment of State. | | | | |
| | Ame Divi P.O. | ing Address: Indment Section Ission of Corporations Box 6327 Islansee, FL 32314 | Clifton Bu 2661 Exec | nt Section f Corporations | | | |

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

| statement of cha | provisions of sections 607 inge is submitted for a cor ir to change its registered | poration organized | l under the laws of the Sta | ate of Florida | | | |
|--|---|---|---|---|--|--|--|
| The name of the corporation: Progress Bank of Florida The principal office address: 5537 Sheldon Road, Suite D, Tampa, Florida 33615 | | | | | | | |
| 3. The mailing a | ddress (if different): | | | | | | |
| 4. Date of incorp | ooration/qualification: | 04/28/2008 | _ Document number: | P08000042057 | | | |
| | I street address of the curr tment of State: (If resigne | | and registered office on | file with the | | | |
| | Virginia Mentzer | | | | | | |
| | 3772 Countryside F | Road | | | | | |
| | Sarasota, Florida 3 | 4233 | | SECRETARY ALLAHASSE | | | |
| 6. The name and (if changed): | l street address of the new | registered agent (in | f changed) and /or register | red office SSEE | | | |
| | [no change to regis | tered agent] | | | | | |
| | 5537 Sheldon Road | | | 9: 30 9: 30 PRIDA ORIDA | | | |
| | Tampa, Florida 336 | P.O. Box NOT acc | eptable | A 0 | | | |
| The street address changed will | ess of its registered office | | ress of the business office | ce of its registered agent, | | | |
| Such change was authorized by the | as authorized by resolutione board, or the corporati | on duly adopted by on has been notifie | its board of directors or ed in writing of the chan | by an officer so ge. | | | |
| | c eller officer or director | | Thomas R. Rumm | el, Jr., President | | | |
| I hereby accept I further agree of my duties, ar document is bei corporation has | the appointment as regi: to comply with the provis d I am familiar with and ng filed merely to reflect s been notified in writing | stered agent and a sions of all statutes accept the obliga a change in the re of this change. | gree to act in this capaci relative to the proper a ion of my position as reg gistered office address, | ity. nd complete performance gistered agent. Or, if this I hereby confirm that the | | | |
| Oug | - Went | | 12-10-0 | 09 | | | |
| <i>(</i>) | nature of Registered Agent half of an entity: | | Date | | | | |
| Virgini | a M. MENHZ yped or Printed Name | en | | | | | |

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