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TRYISTON OF CORRECTION 17

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COVER LETTER

TO:	Amendment Section Division of Corpora							
SUBJECT:		ProZgroup Name of Co	, Inc.					
DOC	UMENT NUMBER:	P110	00056880					
The e	nclosed Statement of G	Change of Registered Office	/Agent and fee are subr	nitted for filing.				
Please	e return all correspond	ence concerning this matter	to the following:					
		_ Archie		<u>*</u>				
Name of Contact Person								
Pro-Zaroup Inc								
	ProZgroup, Inc. Firm/Company							
		3005 Wats	son Drive					
	Address							
		Marianna,	FL 32446					
Marianna, FL 32446 City/State and Zip Code								
ambia@arazarana aam								
archie@prozgroup.com E-mail address: (to be used for future annual report notification)								
		•	-					
For fi	urther information con	cerning this matter, please o	all:					
	Archie	e Harris	at (423)	228-5114				
	Name of Co	ntact Person	Area Code & Day	ytime Telephone Number				
Enclo	osed is a \$35.00 check	made payable to the Depart	ment of State.					
		niling Address:	Street Addre Amendment	ss: Section				
		vision of Corporations		Corporations				
		D. Box 6327	Clifton Buil	-				
	Ta	llahassee, FL 32314	2661 Executable Tallahassee,	tive Center Circle FL 32301				

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

, ,	•		607.1508, or 617.1508, Flo d under the laws of the Stat	
in order	r to change its registered	office or registere	d agent, or both, in the State	e of Florida.
1. The name of the	he corporation: ProZg	roup, Inc.		
2. The principal	office address: 3005 W	atson Drive, M	arianna, FL 32446	
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification:	6/20/2011	Document number:	P11000056880
	street address of the curr tment of State: (If resigna		nt and registered office on fi	
	Mary Hamis, 2736	Indian Springs	Rd, Marianna, FL 324	46
				P. JU
			······································	
	,			
6. The name and (if changed):	street address of the nev	v registered agent (if changed) and /or registere	46 12 JUL 19 74 15:11
	Mary Harris, 3005	Watson Drive,	Marianna, FL 32446	
		P.O. Box NOT a	sceptable	
The street addre	ss of its registered offic be identical.	e and the street ad	dress of the business office	e of its registered agent,
Such change wa authorized by th	is authorized by resolutine board or the corporat	on duly adopted b	y its board of directors or ned in writing of the chang	by an officer so
John Signatur	e of an officer or director		Archie Harris	President
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	istered agent and a sions of all statute d accept the obliga t a change in the i g of this change.	agree to act in this capacit es relative to the proper an ation of my position as reg registered office address, l	y. d complete performance istered agent. Or, if this hereby confirm that the
Mari	Hanne of Registered Agent	æ	7/12/20 Date	011
V	half of an entity:			•
Mari	1 Harris			
Ti	ped or Printed Name			

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