P1100000001012

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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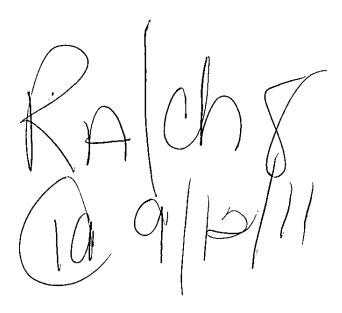


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09/12/11--01016--014 **35.00

FILING CANCELLED RETURNED CHECK

DEP 12 PH 2: 32



COVER LETTER

	nent Section of Corporations				
SUBJECT:	The P.R.O.S. Construction				
	·				
DOCUMENT N	NUMBER: P11000	0072162			
The enclosed Sta	atement of Change of Registered Office/Ag	gent and fee are submitted for filing.			
Please return all	correspondence concerning this matter to	the following:			
••					
DAVID RENCZKOWSKI					
Name of Contact Person					
THE PROS, LLC					
	Firm/Comp	any			
	50441 514011				
	5314 LEMON S				
	, , , , , , , , , , , , , , , , , , ,				
	NEW PORT RICHEY	FLORIDA 3652			
NEW PORT RICHEY, FLORIDA 3652 City/State and Zip Code					
	a dania Othanaa	-i			
admin@theprosinc.net E-mail address: (to be used for future annual report notification)					
	2 232. (80 07 22.2 12. 13. 13.	,			
For further infor	mation concerning this matter, please call:				
D/	AVID RENCZKOWSKI	Area Code & Daytime Telephone Number			
, N	lame of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35	5.00 check made payable to the Department	nt of State.			
	Mailing Address:	Street Address:			
	Amendment Section Division of Corporations	Amendment Section Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

TO:

FILING CANCELLED RETURNED CHECK

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

statement of char	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orga	nized under the laws of the State	e of FLORIDA
in order	r to change its registered office or regis	tered agent, or both, in the State	e of Florida.
	he corporation: The P.R.O.S. C		
2. The principal	office address: 5314 Lemon Street	, New Port Richey, Florida	a 34652
· · · · · · · · · · · · · · · · · · ·			
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 08/10/201	1 Document number:	P11000072162
	street address of the current registered tment of State: (If resigned, enter resign		le with the
	Rebecca Butts, 5314 Lemon S	t, New Port Richey, FL 34	
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or registere	11 SEP 12 PH 2: 32
` 2 ,	The Pros, LLC., 5314 Lemon S	st., New Port Richey, FL 3	4652
		<u> </u>	
	P.O. Box N	OT acceptable	
The street addre	ss of its registered office and the stree	t address of the business office	of its registered agent,
_	is authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or be notified in writing of the change	by an officer so e.
Mekeca & Signatur	S Bulls e of an officer or director	Rebecca Printed or typed name	Butts and title
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agent a o comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t been notified in writing of this chang	nd agree to act in this capacity tutes relative to the proper an oligation of my position as regi the registered office address, I e.	o, d complete performance stered agent. Or, if this hereby confirm that the
DUW		09/09/20	011
_	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
	nvid Renczkowski rped or Printed Name		

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