

P140000089759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

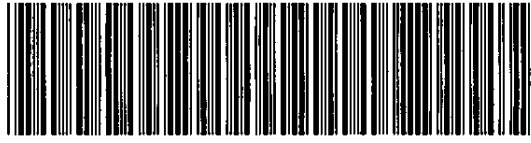
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R A / R O / C H S

OCT 22 2015  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROGRESSION THERAPY SERVICES, INC.  
NAME OF CORPORATION

**DOCUMENT NUMBER:** P14000089759

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:

MICHAEL D. SHIP  
Name of Contact Person

PROGRESSION THERAPY SERVICES, INC.  
Firm/ Company

609 F COVENANT DRIVE  
Address

BELLE GLADE, FLORIDA 33430  
City/ State and Zip Code

Hip2ship@gmail.com

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

For further information concerning this matter, please call:

MICHAEL D. SHIP at (561) 254-5362  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

XX\$35 Filing Fee For further information concerning this matter, please call:

**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

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TALLAHASSEE, FLORIDA

CR2E045 (03/12)

**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: PROGRESSION THERAPY SERVICES, INC.
2. The principal office address: 609 F COVENANT DRIVE 33430  
*Belle Glade, Florida*
3. The mailing address (if different): SAME AS ABOVE---609 F COVENANT DRIVE 33430
4. Date of incorporation/qualification: 11/03/2014 Document number: P14000089759
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)  
EDWIN L. CRAMMER (RESIGNED)  
3801 N. UNIVERSITY DRIVE  
SUITE #318  
SUNRISE, FLORIDA 3351
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): P.O. Box NOT acceptable  
**new registered agent and/or the new registered office address:**

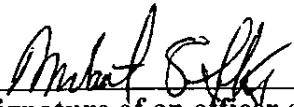
*Name of New Registered Agent*     MICHAEL D. SHIP

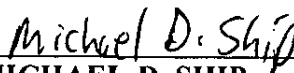
*New Registered Office Address*     609 F COVENANT DRIVE 33430  
*(Florida street address)*

BELLE GLADE, FLORIDA 33430  
*(City) (Zip Code)*

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

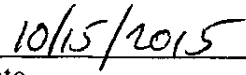
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

  
\_\_\_\_\_  
MICHAEL D. SHIP  
PRESIDENT (Print Name)

*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

  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

**MICHAEL D. SHIP (SAME AS ABOVE)**  
Typed or Printed Name  
PRESIDENT

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

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