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To:					
	Division of Corporations				
	Fax Number	: (850)617-6380			
From:					
	Account Name	: REGISTERED AGENTS INC.			
	Account Number	: I20090000081			
	Phone	: (307)200-2803	D ~		
	Fax Number	: (855)330-1010	921 ****		
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**Enter the	email address fo	r this business entity to be	used for future \Xi		
		Enter only one email address	please.**.		
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REGISTERED AGENT CHANGE PROGRESSIVE VAN LINES INCORPORATED

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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FFB 0 1 2021

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Help

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

statement of cha	mge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida.			
1. The name of	the corporation: PROGRESSIVE V	/AN LINES INCORPORATED			
		ess Ave, SUITE 260, Boynton Beach, FL 33426			
3. The mailing a	address (if different): 515 NORTH F	LAGLER DRIVE, P-300, WEST PALM BEACH, FL 33401			
4. Date of incor	poration/qualification: 12/08/20	Document number: P20000095983			
	d street address of the current regis rtment of State: (If resigned, enter)	tered agent and registered office on file with the resigned)			
	CORY E NEELY				
	515 NORTH FLAGLER DR	IVE P-300			
	WEST PALM BEACH, FL 33401	J. P.			
6. The name and (if changed):		ed agent (if changed) and /or registered office	W 28 AH 8: 52		
	Northwest Registered A	Agent LLC	ئ بې		
	7901 4th St N STE 300	, r	, 2		
	St. Petersburg FL 3370	30x NOT acceptable			
The street addras changed will	ess of its registered office and the lbe identical.	street address of the business office of its registered a	gent,		
Such change w authorized by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.			
CORY E	NEELY	CORY E NEELY			
I further agree performance of	to comply with the provisions of a f my duties, and I am familiar with	Printed or typed name and title ent and agree to act in this capacity. ill statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change.	1		
lon	Glove	1/28/2021			
•	gnature of Registered Agent	Date			
¥ -	chalf of an entity:				
Tom Glove	Typed or Printed Name				
* * * FILING FEE: \$35.00 * * *					

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)