

V07098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

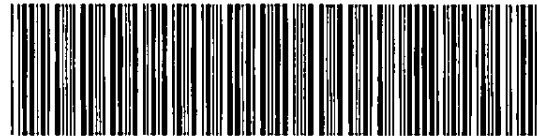
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
17 AUG 10 AM 8:51

Amend

AUG 17 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Progressive Telephone, Inc.

DOCUMENT NUMBER: V07098

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony M. Chappell

Name of Contact Person

Progressive Telephone, Inc.

Firm/ Company

6223 Hwy 90 #199

Address

Milton, FL 32570

City/ State and Zip Code

Progressivetelephoneinc@gmail.com

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

FILED
CLERK OF STATE
OFFICE OF CORPORATIONS
47 JUL 19 44 8:51

For further information concerning this matter, please call:

Tony M. Chappell

at (386) 566-2088

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2017

TONY M. CHAPPELL
PROGRESSIVE TELEPHONE, INC
6223 HWY 90 #199
MILTON, FL 32570

SUBJECT: PROGRESSIVE TELEPHONE, INC.
Ref. Number: V07098

We have received your document for PROGRESSIVE TELEPHONE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please only check 1 box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 717A00009922

17 JUN 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2017

TONY M. CHAPPELL
PROGRESSIVE TELEPHONE, INC
P.O. BOX 290911
PORT ORANGE, FL 32129

SUBJECT: PROGRESSIVE TELEPHONE, INC.
Ref. Number: V07098

We have received your document for PROGRESSIVE TELEPHONE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please only check 1 box.

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Diane Cushing
Senior Section Administrator

Letter Number: 717A00009922

17 AUG 10 PM 2:51

PLEASE REVIEW CORRECTED
PAGE # 4
TONY CHAPPELL
386-566-2088

Articles of Amendment
to
Articles of Incorporation
of

Progressive Telephone, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

V07098

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

6223 Hwy 90, #199

Milton, FL 32570

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 290911

Port Orange, FL 32129

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Alisa Mays

2540 Glenwood Avenue

(Florida street address)

New Registered Office Address: New Smyrna Beach, Florida 32168

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P/CEO	Alicia M. Watson	74 Fullerwood Drive
<input type="checkbox"/> Add			St. Augustine, FL 32084
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	D	Billy Troy Watson	74 Fullerwood Drive
<input type="checkbox"/> Add			St. Augustine, FL 32084
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	Register	Billy Troy Watson	74 Fullerwood Drive
<input type="checkbox"/> Add			St. Augustine, FL 32084
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	P/V/T/D	Tony M. Chappell	6223 Hwy 90, #199
<input checked="" type="checkbox"/> Add			Milton, FL 32570
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	S/D	Chris Chappell	6223 Hwy 90, #199
<input checked="" type="checkbox"/> Add			Milton, FL 32570
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	D	Alisa Mays	2540 Glenwood Avenue
<input checked="" type="checkbox"/> Add			New Smyrna Beach, FL 32168
<input type="checkbox"/> Remove			

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

May 2, 2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

May 2, 2017
Dated _____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Tony M. Chappell

(Typed or printed name of person signing)

President/CEO

(Title of person signing)