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SECRETARY OF STATE
ALLAHASSEE, PLORIUM

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT:	NEZUELA	- PROVIVE	INCORPORATED	
	me of Corpo	ration		
DOCUMENT NUMBER: F17000003723	<del> </del>			
The enclosed Affidavit by Foreign Corporation submitted for filing.	to Change	/Add Officer(s	) and/or Director(s) and fee are	
Please return all correspondence concerning this	s matter to t	he following:		
Marian Olavarria				
Name of Contact Person		_		
Provive Incorporated				
Firm/Company		-		
2427 Presidential Way, Ur	nit 602	) ·		
Address		_		
West Palm Beach, FL 334	01			
City/State and Zip Code		_		
marianolavarria@gmail.co	m			
E-mail address: (to be used for future annual re	port notifica	tion)		
For further information concerning this matter, p	please call:			
Marian Olavarria	,561	578-94	00	
Name of Contact Person	Area Code	& Daytime Tele	00 phone Number	
Enclosed is a check made payable to the Florida	Denartmer	ut of State for t	he following amount:	
	—	it of State for the	- conowing amount.	
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certifi	Filing Fee & E ed Copy ional copy is ed)	\$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address	<b>C</b> 4	<b>A</b>		
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314		xecutive Cente	er Circle	
	Tallaha	Tallahassee, FL 32301		



## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OF AND/OR DIRECTOR(S)

(Note: Applicable only during the	first calendar year of qualification)
The name of the foreign corporation as it appear     ASOCIACION PROVIDA DE VENEZUI	s on the records of the Florida Department of State is: ELA - PROVIVE INCORPORATED
2. This entity was authorized to transact business in number is £17000003723	n Florida on AUGUST 18 2017 and its Florida document
3. This corporation was formed under the laws of \( \)	/enezuela.
4. The name and address of each officer and/or din	ector is as follows:
<u>Title:</u> President	Name and Address Christine Vollmer
	Qta. El Carmen, Calle Sur 1
	Urb. El Placer, Caracas, Venezuela
Vice-President_	Martin Orozco
	Av. Terepaima, Qta. Mi Muneca
	Barquisimeto, Edo. Lara, Venezuela
Secretary	Jose Antonio Perella
	Ota. Portofino, Ramal 1, Urb. Alto Hatillo
	Caracas, Venezuela
Treasurer	Eduardo Siblesz Vera
	Ota. El Corozo, Ave. Ppal Prados del Este
	Caracas, Venezuela
(Attach additional p	ages if necessary)
Whire de Volllus	President
nature of an officer or director	Title of person signing
ISTIME VOLLMER	FILING FEE S35

Make checks payable to Florida Department of State and Mail to: Division of Corporations\*PO Box 6327\*Tallahassee, FL 32314

Typed or printed name of person signing