

DOCUMENT# L09000058918

**Entity Name:** PROVIDENCE FRONTLINE WEST, LLC

**New Principal Place of Business:****Current Mailing Address:****New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

**FBI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PROVIDENCE ONE PARTNERS, LLC  
Address: 7131 BUSINESS PARK LANE  
City-St-Zip: LAKE MARY, FL 32746 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TOM GREEN

CEO

04/01/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date