

L10000002706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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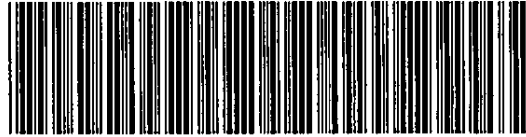
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN 19 AM 11:04

JUN 22 2015

T CANNON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2015

DEBRA NELSON  
DEBRA L. NELSON, CPA  
P.O. BOX 24415  
SILVERTHORNE, CO 80497 US

SUBJECT: PROVIDENCE PROPERTY INVESTMENTS LLC  
Ref. Number: L10000002706

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

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Tina D Cannon  
Regulatory Specialist II

Letter Number: 415A00007759

*Dear Ms. Cannon,*

*My apologies for not getting this to you sooner but I have been out of the*

*country.*

*Regards*

*Donald Alencar*

RECEIVED

15 JUN 19 PM 1:18

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA 32314

ATT: TINA D. CANNON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROVIDENCE PROPERTY INVESTMENTS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBRA NELSON  
Name of Person

DEBRA L. NELSON, CPA.  
Firm/Company

P.O. BOX 24415  
Address

SILVERTHORPE, CO 80447  
City/State and Zip Code

debranelson09@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra L. Nelson at (970) 468-1277  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: PROVIDENCE PROPERTY INVESTMENTS, LLC

2. (a) C/O COST RECOVERY ACCOUNTANTS

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

5420 QUEEN LAKE TERRACE #100  
FT. LAUDERDALE, FL 33331

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

P.O. BOX 24415  
SILVERTHORNE, CO 80497

1/7/10

3. Date of filing/registration in Florida

L10000002706

4. Document number

5. (a) DONALD ALEXANDER

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

490 SAW GRASS CORPORATE PKWY  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUNRISE, FL 33325

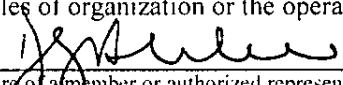
(b) COST RECOVERY ACCOUNTANTS Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5420 QUEEN LAKE TERRACE #100  
**NEW Registered Office Address:**

FT LAUDERDALE, FL 33331

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

DONALD S. ALEXANDER  
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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