## L2100021015810

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
J. HORNE	JULA ~ZNEI	· :





600427380746

04/15/24--01002--001 \*#25.00



## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Providence	ce Global Ve	entures
	me of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to th	ne following:
Danielle Gomes		
Name of Person		<del></del>
Providence Global Ventures		
Firm/Company		
11536 Leigh Glen Cir		
Address		
Charlotte NC 28269		
City/State and Zip Code		
Providencegv@outlook.com  E-mail address: (to be used for future an	inual report no	otification)
For further information concerning this matter	r, please call:	
Danielle Gomes	401 at (	225-6738
Name of Person	w (	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the followin	g amount:	
■ \$25 Filing Fee	0	\$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.

492	29 N. University Dr		(b) <sup>1</sup>	11536 Leigh Glen Cir
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(") =	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
La —	auderhill FL 33351	_	C	Charlotte NC 28269
6/1	11/2021		_ L2	L21000261586
	Date of filing/registration in Florida	4.	_	Document number
Da	anielle Gomes			
	egistered Agent and Registered Office shown on the records of	the Flori	da De	Dept. of State:
	egistered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>	
_	87 SW 7th Court Compano Beach	33060		dress:
En	et Tax Service Corp	l Office :	addre	dress:
_	EW Registered Office Address:	<del></del>		<del></del>
	929 N. University Drive			
Lá	auderhill , FI	33351		
or will ere icle	ited liability company is not organized under the la r changes are made, the Florida street address of the I be identical. Or, in the case of a Florida limited li authorized by an affirmative vote of the members es of organization or the operating agreement of the	registe ability of of the li limited	ered comp imite Hiab	d office and the business office of the registered mpany, it is hereby confirmed that the change(sited liability company or as otherwise provided
or will ere icle	r changes are made, the Florida street address of the l be identical. Or, in the case of a Florida limited li- authorized by an affirmative vote of the members	registe ability of of the li limited	ered complements	ed office and the mpany, it is here ited liability corriability company  Ancelle  Print

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

Signature of Re