

L22000 148 841 (V)

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

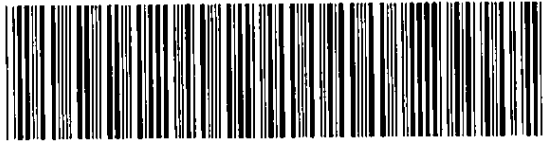
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600435416266

~~005-4500453-453445755~~  
~~DEPOSIT ONLY 35.00~~  
~~08/27/24--01015--008~~  
08/27/24--01015--009 \*\*35.00

2024 OCT --2 PM 5:18  
TAL LAMASSIERE, FILE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Provenance Investment Group 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:

Elizabeth Goeltz  
Name of Person

\_\_\_\_\_  
Firm/Company

PO Box 291  
Address

Henderson KY 42420  
City/State and Zip Code

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

For further information concerning this matter, please call:

Elizabeth Goeltz at (270) 212-0780  
Name of Person 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 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: Provenance Investment Group LLC

2. (a) 11695 US 41 Bypass S  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

Unit 1  
Venice FL 34293

3. 3/28/2022 Date of filing/registration in Florida

4. L22000148841 Document number

5. (a) Elizabeth Goeltz  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4530 S. Orange Blossom Trail 883  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Orlando, FL 32839

(b) Elizabeth Goeltz  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

6305 Naples Blvd 1205  
NEW Registered Office Address:

Naples, FL 34109

2024 OCT -2 PM 5:18  
TALLHASSEE, FL

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]  
Signature of a member or authorized representative of a member

Elizabeth Goeltz  
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]  
Signature of Registered Agent