

MO7000005262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

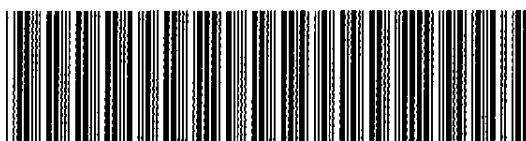
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 17 AM 8:51



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 816833 7806441

AUTHORIZATION :

COST LIMIT : \$ 55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 17 AM 8:51

ORDER DATE : June 17, 2011

ORDER TIME : 2:38 PM

ORDER NO. : 816833-005

CUSTOMER NO: 7806441

CHANGE OF AGENT

NAME: PROVIDENT NAPLES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Provident Naples, LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 17 AM 8:51

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:

James Quinn

Name of Person

Provident Naples, LLC

Firm/Company

353 Broadway, Suite #2

Address

Saratoga Springs, NY 12866

City/State and Zip Code

jquinn@providentdg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Quinn

Name of Person

at (518)

350-5100

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 608.416 or 608.508, 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: Provident Naples, LLC

2. (a) Principal office address of limited liability company: 353 Broadway, Ste. #2

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

Saratoga Springs, NY 12866

(b) Mailing address of limited liability company: _____

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

August 27, 2007

3. Date of filing/registration in Florida

M07000005262

4. Document number

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

Registered Agent:

Salvatori, Wood, Buckel & Weidenmiller

Registered Office Address:

9132 Strada Place, Fourth Floor
Naples, FL 34108

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

NEW Registered Agent:

Casey K. Weidenmiller, Esq.

NEW Registered Office Address:

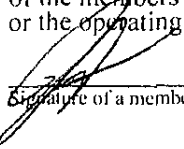
(MUST BE FLORIDA STREET ADDRESS)

Woods, Weidenmiller & Michetti, P.L.

5150 N. Tamiami Trail, Ste. 603

Naples, FL 34103

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

James Quinn

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 608, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 17 AM 8:51