

M1800000 8971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

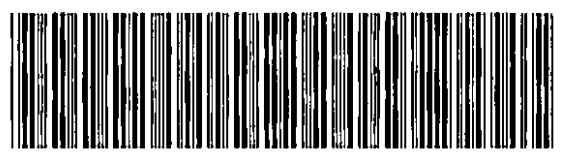
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2018 DEC 17 PM 2:31
FALLS CHURCH, VA

D. BRUCE
JAN 05 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Providence Construction, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott H. Ryan

Name of Person

Providence Construction of Florida, LLC

Firm/Company

640 East State Road 434 - Suite 2000

Address

Longwood, FLorida 32750

City/State and Zip Code

mtzivani@whitestonecg.com

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

For further information concerning this matter, please call:

Marie Tzivani

Name of Person

at (407) 725-7744

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 \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Providence Construction of Florida, LLC

Enter new principal office address, if applicable: 640 East State Road 434

Suite 2000
*(Principal office address
MUST BE A STREET ADDRESS)*

Longwood, Florida 32750

Enter new mailing address, if applicable: 640 East State Road 434

Suite 2000
*(Mailing address
MAY BE A POST OFFICE BOX)*

Longwood, Florida 32750

2. The Florida document number of this limited liability company is: M18000008971

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10-1-2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: (Address Change Only)

New Registered Office Address: 640 East State Road 434 - Suite 2000

Enter Florida Street Address

Longwood , Florida 32750
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:
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.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

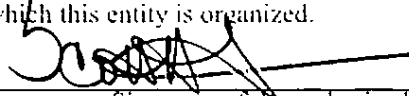
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Change to Member Name (Correction)

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Cotter Ryan Builders, LLC	600 Rinehart Road, Suite 3068	<input type="checkbox"/> Add
		Lake Mary, Florida 32746	<input checked="" type="checkbox"/> Remove
AMBR	Cotter Ryan Commercial, LLC	640 East SR 434, Suite 2000	<input checked="" type="checkbox"/> Add
		Longwood, FL 32750	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 PROVISIONAL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Scott H. Ryan, Pres. of Providence Construction of Florida, LLC

Typed or printed name of signee

Filing Fee: \$25.00