

N170000004407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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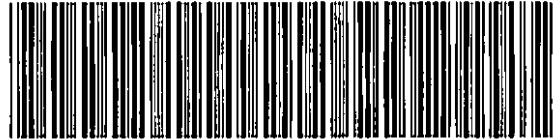
(Business Entity Name)

(Document Number)

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06/08/21
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2021 MAY 12 PM 4:55

SECRETARY OF STATE
CLERK

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Divine Providence, Inc.
Name of Corporation

DOCUMENT NUMBER: NI7000004407

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frederick L. Griffin
Name of Contact Person
Divine Providence, Inc.
Firm/Company
P.O. Box 50
Address
Sunset, SC 29685
City/State and Zip Code

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

For further information concerning this matter, please call:

Frederick Griffin, DCEO at (864) 507-3087
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Divine Providence, Inc.
2. The principal office address: 7901 4th St N, STE 300
St. Petersburg , FL 33702
3. The mailing address (if different): P.O. Box 50 Sunset, SC 29685
4. Date of incorporation/qualification: 05/01/2017 Document number: N17000004407
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Griffin, Frederick L.
2614 Noble Drive
Tallahassee, Florida 32308
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents, Inc.
7901 4th St N, STE 300
P.O. Box NOT acceptable
St. Petersburg , FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Frederick L. Griffin
Signature of an officer or director

Frederick L. Griffin, DCEO
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Bill Hare
Signature of Registered Agent

5/10/21
Date

If signing on behalf of an entity:

Bill Hare
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E(045 (04/13)