P12000026084

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700259798437

05/12/14--01005--015 **35.00

14 MAY 12 PM 1: 34
SECRETARY OF LAST

MAY 2.2 2014 C. CARROTHERE

COVER LETTER

TO: Amendment Division of C		
SUBJECT:	Provident Care Name of Corpo	TAC
DOCUMENT NUM	iber: <u>P12000026</u>	084
The enclosed Statem	ent of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all corr	espondence concerning this matter to	the following:
	Martine Jean Name of Contac	t Person
_	Provident Firm/Comp	Care Inc
	307 Mulberga	uy Grove Rd
_	Royal Palm Black	6 FL 33411
Ē	Provident Care _030 E-mail address: (to be used for future	e annual report notification)
For further information concerning this matter, please call:		
Martine	e Jean a	1501,3174752
Name	e 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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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 Horiota
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Provident Care INC.
2. The principal office address: 4201 Westople Avenue 34
West realm Deach, FC 33409
3. The mailing address (if different): 307 Mulberry Grove Koad Royal Palm Beach, Fl 33411
4. Date of incorporation/qualification: 3102012 Document number: P1201800260
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)
Vanya Leroy (Kesigned)
4201 Westgale Ave B4
West Palm Beach, FC 33409
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Martine Jean 25 2
4201 West-gate Ave 64 P.O. Box NOT acceptable
West Palm Beach, FL 33409
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.
Martine Jean Signature of an officer or director Martine Jean 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.
Martine Jean Signature of Registered Agent Date
If signing on behalf of an entity:
<i>'</i>
Typed or Printed Name

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