DOCUMENT # P.98000099589										
1. Entity Name PROVIDENCE RESERVE II, INC.						FILED				
· ·······	THE THE SETTE OF THE SET						00 MAR 10 PM 4: 3	7		
Principal Place of Business Mailing Address							-			
3300 SOUTH HIAWASSEE ROAD #107 POST OFFICE BOX 4961 ORLANDO FL 32835 ORLANDO FL 32802-4961							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business AVE. 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE			
City & State	MDO, PL	City & State				4. FEI Number APPLIED FOR Not Applied For Not Applicable				
2ip Country 32.803 US/A		Zip Count		ry	5. Certificate of Status De		ertificate of Status Desired	ed \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
B&C CORPORATE SERVICES OF CENTRAL FLORIDA										
390 NORTH ORANGE AVENUE				Street Ad	t Address (P.O. Box Number is Not Acceptable)					
SUITE 1100 Orlando FL 32801					-03/21/0001101014					
UHLA		City	****150.0 <u>2</u> L **286.50.00							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.										
LS										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
9. This corpo		IS \$150.0			10. Election Campaign Financing	\$5.00	D May Be			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Make Check Payable						,	Trust Fund Contribution.		to Fees	
11.	OFFICERS AND I		12.	•			DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE	VP Delete TITL				* Change ☐ Addition					
NAME STREET ADDRESS	TUTTLE, MILLS L 3200 SOUTH HIAWASSEE ROAD #206			ET ADDRESS	800 N. HIGHLAND AVE., SUITE 200					
CITY-ST-ZIP				-ST-ZIP	ORLANDO, PL 32803					
TITLE	VPAS Delete TITL							Change Change	☐ Addition	
NAME STREET ADDRESS	MCKINNEY, JOSEPH E 3200 SOUTH HIAWASSEE ROAD #206 STRE				800 N. HIGHLAND AVE, SUITE 200					
CITY-ST-ZIP				-ST-ZIP	ORLANDO, FL 32803					
TITLE	VPAT De'ete			- 1				Change Change	☐ Addition	
NAME STREET ADDRESS	LAWLER, THOMAS P 3200 SOUTH HIAWASSEE ROAD #206 SIR			ET ADDRESS	800	N.	HIGHLAND AVE, SUI	TE 200	ا د	
CITY-ST-ZIP				-ST-ZIP	ORLANDO, FL 32803					
TITLE	VPT	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	WILLNER, DAVID M 3200 SOUTH HIAWASSEE ROAD #206 NAM STRE				800 i	N	HIGHLAND AVE., S	UITE 2	یم	
				-ST-ZIP	ORLANDO, FL 32803					
TITLE	VPC	☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS					800 N. HIGHLAND AVE., SUITE 200					
CITY-ST-ZIP				-ST-ZIP	ORLA		DO, PL 32803			
TITLE		☐ Delete	TITLE		P	ο -		Change	Addition	
NAME STREET ADDRESS			NAM! STRE	E Et address	174WP1	r, >	STEVEN G . HIGHLAND AVE., S	SUITE 2	.00	
CITY-ST-ZIP							00, FC 32803			
13. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exe					ertify that the ir	nformation	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: