1324 STATE RD	44			
NEW SMYRNA E	BEACH, FL 32168			
Current Mail	ing Address:			
1324 STATE NEW SMYRN	RD 44 NA BEACH, FL 32168			
FEI Number: 85-4231685 Cert			Certificate of Status Desired:	No
Name and A	ddress of Current Registered Agent:			
BURKE, O.E. II	I			
1324 STATE RD				
1324 STATE RD NEW SMYRNA E	44	tered office or regis	tered agent, or both, in the State of Florida.	
1324 STATE RD NEW SMYRNA E The above named	944 BEACH, FL 32168 US	tered office or regis		11/2023
1324 STATE RD NEW SMYRNA E The above named	9 44 BEACH, FL 32168 US entity submits this statement for the purpose of changing its regis	tered office or regis	01/	11/2023 Date
1324 STATE RD NEW SMYRNA E The above named SIGNATURE:	 44 BEACH, FL 32168 US entity submits this statement for the purpose of changing its regis O.E. BURKE III 	tered office or regis	01/	
1324 STATE RD NEW SMYRNA E The above named SIGNATURE: Authorized F	A4 BEACH, FL 32168 US entity submits this statement for the purpose of changing its regis : O.E. BURKE III Electronic Signature of Registered Agent	tered office or regis	01/	
1324 STATE RD NEW SMYRNA E The above named SIGNATURE: Authorized F Title	A44 BEACH, FL 32168 US entity submits this statement for the purpose of changing its regis : O.E. BURKE III Electronic Signature of Registered Agent Person(s) Detail :		01/*	
1324 STATE RD NEW SMYRNA E The above named SIGNATURE: Authorized F Title	 44 BEACH, FL 32168 US entity submits this statement for the purpose of changing its regis O.E. BURKE III Electronic Signature of Registered Agent Person(s) Detail : MGR. 	Title	01/ ⁻ MGR.	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: O.E. BURKE III

MANAGER

01/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: PROVIDENCE FUND, LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

FILED Jan 11, 2023 **Secretary of State** 0640236760CC

Date