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1/B 7/16/25

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJE Name o	CT: JCB Pension Company, Inc. of Corporation				
DOCU	MENT NUMBER: P03000073636				
The enc	closed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.			
Please r	return all correspondence concerning this	matter to the following:			
Jay Nich	holson				
Name o	of Contact Person				
The Pen	sion Company				
Firm/Co	ompany				
350 Can	nino Gardens Boulevard, Suite 101				
Address	S				
Boca Ra	aton, FL 33432				
City/Sta	ate and Zip Code				
	pensioneompany2@gmail.com	m			
E-mail	address: (to be used for future annua	report notification)			
For furt	ther information concerning this matter, p	please call:			
Jay Nicl		at (561) 750-5535 Area Code & Daytime Telephone Number			
	Name of Contact Person	Area Code & Daytime Telephone Number			
Enclose	ed is a \$35.00 check made payable to the	Department of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.050 inge is submitted for a corporc or to change its registered offic	ation organized und	er the laws of the S	State of Florid	a
1. The name of t	the corporation: JCB Pension C	Company, Inc.			
2. The principal	office address: 350 Camino Ga	ardens Bolevard, Suite	2 101 Boca Raton, I	FL 33432	
3. The mailing a	address (if different):		"		
4. Date of incorp	poration/qualification: 07/03/2	Do	cument number: P	°03000073636	·
	d street address of the current r rtment of State: (If resigned, er		registered office o	n file with the	હ
	Kari C. Curtis				
	350 Camino Gardens Boulevan	rd, Suite 101			
	Boca Raton, FL 33432				
6. The name and (if changed):	d street address of the new reg Mary F. Hardy	sistered agent (if char	nged) and /or regis	tered office TALL	
	350 Camino Gardens Boulevan	rd, Suite 101		三三:	٠
	Boca Raton, FL 33432	P.O. Box NOT acce	ptable	SSEE.	圣
The street address changed will	ess of its registered office and the identical.	d the street address	of the business off	fice of its reg	ਹਾ gis ter ed agent,
Such change wanthorized by t	as authorized by resolution de he board or the corporation h	uly adopted by its b has been notified in	oard of directors o writing of the cha	or by an officinge.	er so
,		James	B. Nicholson, Direc		
I hereby accept I further agree of my duties, ar document is be	t the appointment as registere to comply with the provision and I am familiar with and accing filed merely to reflect a cit is been notified in writing of the	s of all statutes rela rept the obligation o hange in the registe	tive to the proper of my position as re red office address	city. and complete	e performance 2nt. Or, if this nfirm that the
If signing on bo	gnature of Registe ed Agent chalf of an entity: Typed or Printed Name		Date		
	* * * F	FILING FEE: \$35.	00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314