## L04000041825

(Re	equestor's Name)				
(Ac	ddress)				
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(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Divi	ision of Corporations				
SUBJECT:	TRINITY ALLIANCE, LLC				
502011011	Name of Limited Liability Company				
Dear Sir or ?	Madam:				
The enclosed	d Registered Agent/Registered Office	Change and fo	ee(s) are submitted for filing.		
Please return	all correspondence concerning this i	matter to the fo	llowing:		
THOMAS H.	. YARDLEY				
	Name of Person		_		
LAW OFFIC	E OF THOMAS H. YARDLEY				
	Firm/Company		-		
1970 MICHIO	GAN AVENUE, BLDG. D				
	Address		_		
COCOA, FL	32922				
	City/State and Zip Code	-	_		
TOMYARDI	LEY@GMAIL.COM				
E-mail	address: (to be used for future annua	l report notifica	ation)		
For further in	nformation concerning this matter, pl	ease call:			
THOMAS Y	ARDLEY	321 at (	633-0400		
	Name of Person	(	Area Code & Daytime Telephone Number		
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	losed is a check for the following an	nount:			
⊡ s:	25 Filing Fee	☐ <b>\$</b> 55	Filing Fee & Certified Copy		
INHS18 (2/14	4)				



February 11, 2023

TRINITY ALLIANCE, LLC THOMAS H. YARDLEY 1970 MICHIGAN AVENUE, BLDG D COCOA, FL 32922

SUBJECT: TRINITY ALLIANCE, LLC

Ref. Number: L04000041825

We have received your document for TRINITY ALLIANCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

MAR 17 2023

Letter Number: 423A00003345

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company:	NCE, LLC		
2. (a)	950/956 NORTH COCOA BLVD., COCOA, FL 32922	(b) SAN	1E	
_	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limite (Note: MAY BE POS	• •
	06/07/2004	1 0/100	0041825	
3.	Date of filing/registration in Florida	- 4.	Document number	
	JM REAL ESTATE, INC.	<b>4</b> .	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florida Dept. o	 of State:	
	2425 PINE APPLE AVE., SUITE 108	·		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		2023 M
	MELBOURNE , FL	32935		2023 MAR 17 PH 2: 41 ALLJHASSFELH LONIO
(b)	THOMAS H. YARDLEY			PH 2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (	Office address:		
	NEW Registered Office Address:			
	1970 MICHIGAN AVENUE, BLDG D			
	COCOA FL	32922		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabore.	registered offic bility company f the limited lia	ce and the business office	of the registered hat the change(s)
		THOMAS	H. YARDLEY	
Signa	nire of a member or authorized representative of a member		Printed or typed name	of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided Iv reflect a change in the registered office address. I hi I in writing of this change.	ee to act in this performance of for in Chaptel ereby confirm	s capacity. I further agree f my duties, and I am fam r 605, F.S. Or, if this doc that the limited liability o	e to comply with the iliar with and accept cument is being filed company has been

Signature of Registered Agent