

L1700020321

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6393

From:

Account Name : SMITH, GAMBRELL & RUSSELL, LLP  
Account Number : 120020000143  
Phone : (404) 815-3538  
Fax Number : (404) 815-3509

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
TERRACES AT PERIDIA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 MAY 13 AM 9:26

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Terraces at Peridia, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy M. Hennessey

\_\_\_\_\_  
Name of Person

Smith, Gambrell & Russell, LLP

\_\_\_\_\_  
Firm/Company

50 N. Laura Street, Suite 2600

\_\_\_\_\_  
Address

Jacksonville, Florida 32202

\_\_\_\_\_  
City/State and Zip Code

khennessy@sgrlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy M. Hennessey

\_\_\_\_\_  
at ( 904 )

598-6134

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Terraces at Peridia, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
12000 Exit 5 Parkway  
Fishers, Indiana 46037

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

October 2, 2017

L17000203212

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Muhamed Becovic

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7050 Firehouse Road

Longboat Key FL 34228

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

James B. Porter

NEW Registered Office Address:

50 N. Laura Street, Suite 2600

Jacksonville FL 32202

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Muhamed Becovic  
Signature of a member or authorized representative of a member

Muhamed Becovic

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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2020 MAY 13 AM 9:26  
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