## M200000 11129

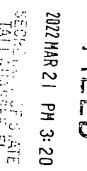
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of 45/2022

## COVER LETTER

TO: Registration Section Division of Corporations	
JAB TRINITY, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Alison Birge	
Name of Person	
Firm/Company	
532 Dorset Blvd.	
Address	
Carmei, IN 46032	
City/State and Zip Code	·
teross@pedcor.net	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please ca	all:
James S. Birge 31	514-1933
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	:
<b>☎</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## **☆PEDCOR COMPANIES**

March 17, 2022

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

Dear Members of the Florida Department of State:

Please accept the enclosed documents and payment delivered to your offices March 18, 2022 relating to the change of registered agent of both (i) JAB Woodside, LLC and (ii) JAB Trinity, LLC.

I hope that the following information gives the Florida Department of State sufficient material to allow you to complete the processing of these applications. Please do not hesitate to call me at (317) 587-0320 or email me at thuchanan a pedcor.net if you would like to discuss further. Thank you.

Sincerely.

Troy Buchanan

## 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.

2. (a)			(b)		
, ,	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
	532 Dorset Blvd.	532 Dorset		Blvd.	
	Carmel, IN 46032		Carmel, IN 46032		
	12/04/2020		M20000011	129	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)	Pedcor Homes Corporation				
). (u)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of State	- s:	
	521 Van Buren St.			(2.5)	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			EILED 2022 MAR 21 PM 3: SECRES ANASSEE, FI	
(b)	Fort Myers, F	33910	3916		
	Corporation Service Company				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			: 20 ATE	
	1201 Hays Street			_	
	<u>NEW</u> Registered Office Address:				
	Tallahassee, F	32301 L		-	
:hange igent v .vas/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the register ability of the l	ne State of Floered office and company, it is imited liability	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in	
			-		

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 statues 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.

Aindrea S. Mancari Alontea S. Mancari, Asst Socretary Signature of Registered Agent