

L20000295716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

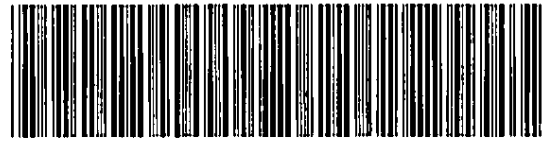
(Business Entity Name)

(Document Number)

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STATE OF ALABAMA
DIVISION OF CORPORATE AFFAIRS
2021 MAR - 1 PM 12:07

MAY 11 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WV Realty 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:

scott williams

Name of Person

WV Realty LLC

Firm/Company

1817 Twelve Oaks Ln W

Address

Neptune Beach FL 32266

City/State and Zip Code

scott@wvgroupjax.com

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

For further information concerning this matter, please call:

scott williams

at (904)

536 1649

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.

wv Realty LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

7035 Phillips HWY Unit 19
Jacksonville FL 32216

427 Sargo Rd Atlantic Beach FL 32233

09/21/2020

L20000295716

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

Hunter Faulkner

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
822 A1A NORTH
102
PONTE VEDRA BEACH FL 32082

Hunter Faulkner

2021 MAR - 1 PM 12:07
DIVISION OF CORPORATIONS

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

wells Fargo Center
One Independent Drive, Suite 1400
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.

Scott Williams

Scott Williams

Signature of a member or authorized representative of a member

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.

Hunter Faulkner

Signature of Registered Agent