

L13000054151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400354388254

11/02/20--01016--024 **25.00

2020 NOV 2 AM 7:59

O SIMMONS

DEC 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vera Icon Productions 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:

Veronico Recore

Name of Person

Vera Icon Productions LLC

Firm/Company

238 Riberia Street

Address

St. Augustine, FL 32084

City/State and Zip Code

vera-icon@att.net

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

For further information concerning this matter, please call:

Veronico Recore

904

315-7454

at ()

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: Vera Icon Productions LLC

2. (a) Vera Icon Productions LLC
 Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
238 Riberia Street
St. Augustine, FL 32084

(b) _____
 Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
238 Riberia Street
St. Augustine, FL 32084

3. 04/12/2013 Date of filing/registration in Florida 4. L13000054151 Document number

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

Veronico Recore
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
715 Faver Dykes Road
St. Augustine, FL 32086

7/23/13 - 2 PM 1:59

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

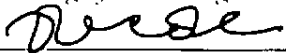
NEW Registered Office Address:
238 Riberia Street

St. Augustine, FL 32084

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.

 Veronico Recore
 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.


 Signature of Registered Agent