## L20000295716

(Requestor's Name)						
(Address)						
(Address)						
,						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		•			
SUBJ	WV Realty LLC					
., 0 1,0		Name of Limited Liability Company				
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	fice Change and f	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fo	ollowing:			
	Scott Williams					
	Name of Person		_			
	WV Realty LLC					
	Firm/Company		_			
18	17 Twelve Oaks Ln W					
	Address					
ı	Neptune Beach FL 32266					
	City/State and Zip Code		<del></del>			
	scott@wvgroupjax.com					
I	-mail address: (to be used for future and	nual report notific	cation)			
For fu	rther information concerning this matter	, please call:				
	Scott Williams	at ( <u></u> 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	g amount:				
	□ \$25 Filing Fee	\$55	5 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. Na	me of the limited liability company:	lty LLC 			
2. (a)		(b)			
· ( <del>-</del> / .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	Mailing address of limite (Note: MAY BE POS	ed liability company	
	7035 Phillips Hwy Unit 19		427 Sargo Rd Atlant	ic Beach FL	32233
	Jacksonville FL 32216			, , <u>,</u>	
	09/21/2020		L20000295716		
3.	Date of filing/registration in Florida Hunter Faulkner	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	pt. of State:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		是初 MAR	omision of chargean
	822 ALA NORTH 102		<del></del>	Σ̄ο !	도:: 도:: 카글>
	PONTE VEDRA BEACH FL	· <del></del>	32082	<del></del>	_ 0.7.4
(b)	Hunter Faulkner				
(0)	Enter name of NEW Registered Agent and/or NEW Registered			6.7	
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			
	wells Fargo Center One Independent Drive, Suite 1400 Jacksonville .FL	32202			
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization with constant agreement of the	registered o ability comports of the limited	office and the business office any, it is hereby confirmed to I liability company or as oth	of the registere that the change(s	rd s)
Signat	ure of a member or authors 1289 to be sentative of a member	<del></del>	Printed or typed name	of signee	
provisie the obli to mere	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if I writing a this change.  Hunter Foulkner	ree to act in t performance d for in Chaj hereby confil	this capacity. I further agre e of my duties, and I am fam pter 605, F.S. Or, if this doo rm that the limited liability o	e to comply with iliar with and a cument is being company has be	the ccept filed en
Signatur	re of Registered Agentes 201430				