

120 000 362860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

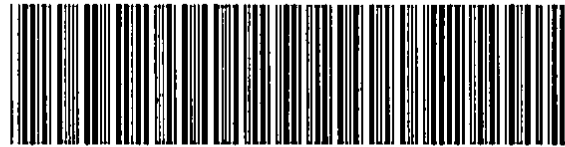
(Business Entity Name)

(Document Number)

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FEB 05 2021  
ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SKINNER STUDIOS, 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:

Ian Skinner

Name of Person

Skinner Studios, LLC

Firm/Company

7510 State Road 13 N

Address

St. Augustine, FL 32092

City/State and Zip Code

ieskinn@gmail.com

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

For further information concerning this matter, please call:

Ian Skinner

Name of Person

at ( 904 ) 614-2358

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



2021 JAN 25 10 12 AM  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2021

IAN EDWARD SKINNER  
7510 STATE ROAD 13 N  
ST. AUGUSTINE, FL 32092

SUBJECT: SKINNER STUDIOS LLC  
Ref. Number: L20000362860

We have received your document for SKINNER STUDIOS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 121A00001711

**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: Skinner Studios, LLC

2. (a) 7510 State Road 13 N (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**)

St. Augustine FL 32092

11/30/2020

L20000362860

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

5. (a) Cheyenne Mosseley

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

United States Corporation Agents, Inc

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5575 S. Semoran Blvd, Suite 36

Orlando, FL 32822

(b) Ian Skinner

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

7510 State Road 13 N

**NEW Registered Office Address:**

St. Augustine, FL 32092

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.

Ian Skinner  
Signature of a member or authorized representative of a member

Ian Skinner  
Printed or typed name of signer

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.

Ian Skinner  
Signature of Registered Agent