

L23000 294 394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

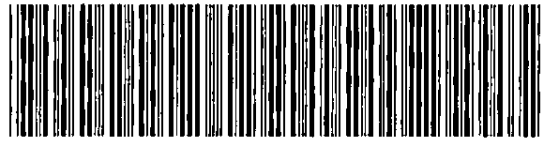
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

12-30-24

Office Use Only



200443415902

10/31/24--01017--022 **35.00

FILED
2024 DEC 30 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2024

JEFFREY C WELLS
4138 LORI DRIVE WEST
JACKSONVILLE, FL 32207

SUBJECT: L & V FILM LLC
Ref. Number: L23000294394

We have received your document for L & V FILM 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):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. 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.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 024A00025412

Thank you. Correction sent

12-30-24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L & V FILM 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:

Jeffrey C Wells

Name of Person

L & V FILM LLC

Firm/Company

4138 Lori Dr W

Address

Jacksonville, FL 32207

City/State and Zip Code

actorjeffreewells@gmail.com

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

For further information concerning this matter, please call:

Jeffrey Wells

904

591-6929

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

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**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: L & V FILM LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

4138 LORI DR W

JACKSONVILLE, FL 32207

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

4138 LORI DR W

JACKSONVILLE, FL 32207

06/19/2023

L23000294394

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
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)**

476 RIVERSIDE AVE.

JACKSONVILLE, FL 32202

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

Jeffrey C Wells

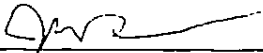
NEW Registered Office Address:

4138 LORI DR W

Jacksonville, FL 32207

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TALLAHASSEE, FL

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.


Signature of a member or authorized representative of a member

Jeffrey C Wells

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00