

M180000001908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2018

MATTHEW CRAIG
522 S HUNT CLUB BLVD, #573
APOPKA, FL 32703

SUBJECT: LETTERS AND CHARACTERS, LLC
Ref. Number: M18000001908

We are enclosing the proper form(s) with instructions for your convenience.

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 218A00011638

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LETTERS & CHARACTERS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW CRAIG

Name of Person

LETTERS & CHARACTERS, LLC

Firm/Company

522 S. HUNT CLUB BLVD. #573

Address

APOPKA, FL 32703

City/State and Zip Code

michelle@vcbbbrands.com

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

For further information concerning this matter, please call:

MATTHEW CRAIG

Name of Person

at (314) 322-0936

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee.
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: LETTERS & CHARACTERS, LLC

Enter new principal office address, if applicable: 522 S. HUNT CLUB BLVD. #573

(Principal office address
MUST BE A STREET ADDRESS) APOPKA, FL 32703

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX) 522 S. HUNT CLUB BLVD. #573
APOPKA, FL 32703

2. The Florida document number of this limited liability company is: M18000001908

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 02/22/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: 522 S. HUNT CLUB BLVD. #573

Enter Florida Street Address

APOPKA, Florida 32703

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

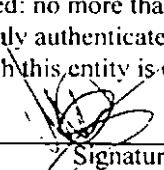
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>VCB PARTNERS, LLC</u>	<u>522 S. HUNT CLUB BLVD. #573</u>	<input checked="" type="checkbox"/> Add
		<u>APOPKA, FL 32703</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative
MATTHEW CRAIG

Typed or printed name of signee

Filing Fee: \$25.00