

L12000006940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

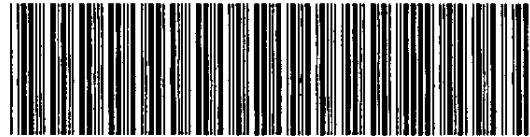
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400250209974

08/08/13--01014--013 **25.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2013 AUG - 8 PM 12:45

FILED

AUG 09 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joest Boats 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:

Fred W. Joest

Name of Person

Joest Boats LLC

Firm/Company

501 4th Ave

Address

Welaka, FL 32193

City/State and Zip Code

skip@joestboats.com

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

For further information concerning this matter, please call:

Fred Joest

Name of Person

at (904) 347-3763

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

☐ \$55 Filing Fee & Certified Copy

FILED
2010 AUG - 8 PM 12:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: Joest Boats LLC

2. (a) Principal office address of limited liability company: 501 4th Ave
(Note: **MUST BE STREET ADDRESS**)

Welaka, FL 32193

(b) Mailing address of limited liability company: 501 4th Ave
(Note: **MAY BE POST OFFICE BOX**)

Welaka, FL 32193

1/14/2012

600218381506

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:

Registered Agent: Fred W. Joest

Registered Office Address: 605 Front Street

Welaka, FL 32193

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

NEW Registered Agent: Fred W. Joest

NEW Registered Office Address: 501 4th Ave.,
(**MUST BE FLORIDA STREET ADDRESS**)

Welaka

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

Fred W. Joest

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 608, 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