## 116000173902

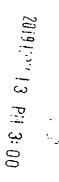
(	Requestor's Name)			
	Address)			
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(Address)				
	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(	Business Entity Name)			
(Document Number)				
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## COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations				
SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Matthias Doering				
Name of Person				
Ample Marine LLC				
Firm/Company	<del></del>			
3776 SW 30 Avenue				
Address	<del></del>			
Ft Lauderdale FL 33312				
City/State and Zip Code				
sales@amplemarine.com				
E-mail address: (to be used for future annual repo	rt notification)			
For further information concerning this matter, please c	rall:			
Matthias Doering 99	54 600-9173			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327			
Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount	t:			
\$25 Filing Fee	S55 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.

l. Ni	une of the limited liability company: Ample Marin	e LLC			
2. (a)	3776 SW 30 Avenue	(b) 37	(b) 3776 SW 30 AVenue		
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(°)	Mailing address of limited (Note: MAY BE POST	· ·	
	Ft Lauderdale FL 33312	Ft -	Lauderdale FL 33312		
	09/19/2016	L16	000173902		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Matthias Doering				
). (u)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	i. of State:		
	777 SE 20 Street				
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	<del></del>	~>	
				2015	
	Ft Lauderdale	, 33316	<del></del>	· · · · · · · · · · · · · · · · · · ·	
	, F	L		$\frac{1}{\omega}$	
(b)	Matthias Doering			=======================================	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	<del></del> :	:: لا بن	
	3776 SW 30 Avenue			0.0	
	NEW Registered Office Address:				
	Ft Lauderdale				
	, F	L			
the cha agent v was/w	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registere liability compa of the limited	d office and the business off my, it is hereby confirmed the liability company or as othe	ice of the registered at the change(s)	
		Matthia	is Doering		
I here provisi the obt	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag- ions of all statutes relative to the proper and complet- ligations of my position as registered agent as provid- ely reflect a change in the registered office address, I d in writing of this change.	gree to act in t e performance ed for in Chap I hereby confu	Printed or typed name of his capacity. I further agree to of my duties, and I am fami oter 605, F.S. Or, if this docu on that the limited liability co	to comply with the	
-	( in				
Signati	re of Registered Agent				