

LM0000087448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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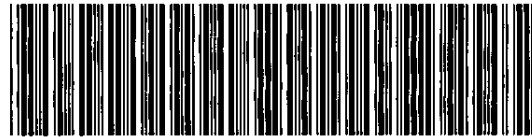
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 01 2025

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Am I Barefoot Charters
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:

Jon Westergard
Name of Person

AMI Barefoot Charters
Firm/Company

50268th St
Address

Holmes Bch FL 34217
City/State and Zip Code

NHESLOP@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Westergard at 941, 704-9486
Name of Person 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

**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: AMI Barefoot Charters LLC
2. (a) 502 68th St
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Holmes Beach FL
34217
4/9/17
- (b) 502 68th St
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Holmes Beach FL
34217
L17000087448
3. Date of filing/registration in Florida
4. Document number
5. (a) Nicole Heslop Remove
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

502 68th St
Holmes Bch, FL 34217

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

NEW Registered Office Address:

~~502 68th St~~ Jon Westergaard
~~Holmes Bch FL~~ 502 68th St
~~34217~~ Holmes Bch, FL 34217

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.

Jon Westergaard
Signature of a member or authorized representative of a member

Jon Westergaard
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.

Jon Westergaard
Signature of Registered Agent