

L19000049293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

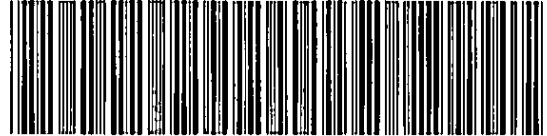
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT -4 PM 2:09

CLERK OF STATE
TALLAHASSEE, FL

7



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT -4 PM 1:56

September 22, 2021

ISLAND FRESH MARKET AMI LLC
5604 MARINA DR SUITE A
HOLMES BEACH, FL 34217

SUBJECT: ISLAND FRESH MARKET AMI LLC
Ref. Number: L19000049293

We have received your document for ISLAND FRESH MARKET AMI 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 LLC. Please complete and return the enclosed blank form(s).

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

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 221A00022942

9-28-21

Thank you. I see that check already went through, so here are the needed documents.

David A. [Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Island Fresh Market AMI, 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:

Darcie Andersen
Name of Person

Island Fresh Market-AMI, LLC
Firm/Company

5604 Marina Dr Ste A
Address

Helmes Beach FL 34217
City/State and Zip Code

islandfreshmarketami@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

(Signature) at (847) 707 4796
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

**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: Island Fresh Market AMI, LLC
2. (a) 3604 Marina Dr A (b) 3604 Marina Dr A
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Holmes Beach, FL 34817 Holmes Beach, FL 34817
3. 2/19/2019 4. 41900004093
Date of filing/registration in Florida Document number
5. (a) Andersen, Melanie
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3603 Little Country Road
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Parrish, FL 34819
_____, FL _____
- (b) Andersen, Darcie
Enter name of NEW Registered Agent and/or NEW Registered Office address:
208 Sand St B
NEW Registered Office Address:
Holmes Beach, FL 34819
_____, FL _____

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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]
Signature of a member or authorized representative of a member

Darcie Andersen
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]
Signature of Registered Agent