

L21000 254400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

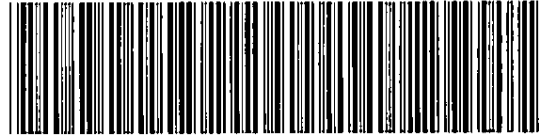
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DATE: 1/6/2025

NAME: AMB ADVENTURES LLC

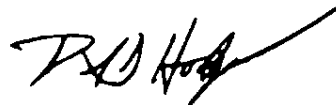
TYPE OF FILING: STATEMENT OF CHANGE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMB Adventures 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:

Jordan Heilman

Name of Person

Quarles & Brady LLP

Firm/Company

411 E. Wisconsin Ave. Suite 2400

Address

Milwaukee, WI 53202

City/State and Zip Code

normajean@wredberg.us

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

For further information concerning this matter, please call:

Jordan Heilman

414

277-3034

at (_____) _____

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: AMB Adventures LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

23540 Via Veneto Blvd., Unit 401

Estero FL 34134

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

23540 Via Veneto Blvd., Unit 401

Estero FL 34134

06/01/2021

L21000254400

3. Date of filing/registration in Florida

4. Document number

5. (a) Norma Wredberg

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

13830 WILLISTON WAY

Naples, FL 34119

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

23540 Via Veneto Blvd., Unit 401

Estero, FL 34134

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.

Norma Wredberg
Signature of a member or authorized representative of a member

Norma Wredberg

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.

Norma Wredberg
Signature of Registered Agent

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2025 JAN -6 PM 1:39
TALLAHASSEE, FL 32314