P15000041637

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Amendment Section Division of Corporations

TO:

SUBJECT: OLD CONCH INC Name of Corporation							
DOCUMENT NUMBER: P15 0000 41637							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
· · · · · · · · · · · · · · · · · · ·							
MR. Phil M. GLENN Excire Name of Contact Person							
A HORNBY AT LAW Firm/Company							
Firm/Company							
1010 100							
1018 JAMES STREET							
KEY WEST FL 33040 City/State and Zip Code		•• ;; ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;					
City/State and Zip Code	:3 :3	·					
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E-mail address: (to be used for future annual report notification)							
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For further information concerning this matter, please call:		,					
Phil. M. Glewn, Esq. at (828) 674-3864 Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the Department of State.							

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

Ck # 2004

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section statement of change is submitted for in order to change its reg	or a corporation o	organized i	ınder the l	aws of the State of	FLORIDA
The name of the corporation:	2	CON		INC	
The principal office address:					Soite C
	Tavern	er_	FL	33070	
3. The mailing address (if different	t):				· · · · ·
4. Date of incorporation/qualification	ion: <u>5-02-</u>	2015	Documen	t number: Pla	50000416
5. The name and street address of the Florida Department of State: (If	_	-	and registe	red office on file	with the
6. The name and street address of to (if changed): Me. 7 1018	Phil M. Jam	Gle ES C	DD, E	squire	office of the State of the Stat
The street address of its registered as changed will be identical.	d office and the st	treet addre	ss of the b	ousiness office of	its registered agent.
Such change was authorized by reauthorized by the board, or the co					
Augultume. Signature of an officer or director of the appointment of a further agree to comply with the performance of my duties, and I agent. Or, if this document is being hereby confirm that the corporation	den presp	dra_	BRI	CELYNDE ned or typed name and t	A. BORDE
Signature of Registered Age				6.25.20	118
If signing on behalf of an entity:	· · · · · · · · · · · · · · · · · · ·			1 <i>x</i> ate	

* * * FILING FEE: \$35.00 * * *

Detail by Entity Name

Florida Profit Corporation OLD CONCH, INC.

Filing Information

Document Number

P15000041637

FEI/EiN Number 47-3960916

Date Filed

05/07/2015

Effective Date

05/02/2015

State

FL

Status

ACTIVE

Principal Address

90311 OLD OVERSEAS HIGHWAY

SUITE C

TAVERNIER, FL 33070

Mailing Address

90311 OLD OVERSEAS HIGHWAY

SUITE C

TAVERNIER, FL 33070

Changed: 04/30/2018

Registered Agent Name & Address

BORDEN, BRYCELYNNE A

90311 OLD OVERSEAS HIGHWAY

SUITE C

TAVERNIER, FL 33070

Address Changed: 02/12/2017

Officer/Director Detail Name & Address

Title P/D

BORDEN, BRYCELYNNE A 90311 OLD OVERSEAS HIGHWAY SUITE C

TAVERNIER, FL 33070

Annual Reports

Report Year	Filed Date
2016	04/15/2016
2017	02/12/2017
2018	04/30/2018

Document Images

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