

P13 0000 38623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

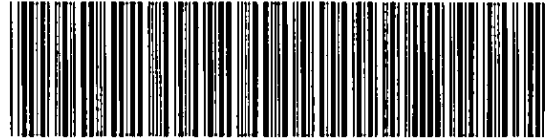
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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A. BUTLER

MAR 13 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OLD CONCH HARBOR, INC.
Name of Corporation

DOCUMENT NUMBER: P13000038623

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:

B. ANGEL BORDEN

Name of Contact Person

OLD CONCH HARBOR, INC.

Firm/Company

90311 OLD OVERSEAS HWY, SUITE C

Address

TAVERNIER, FL 33070

City/State and Zip Code

oldeconchharbor@gmail.com

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

For further information concerning this matter, please call:

B. Angel Borden

Name of Contact Person

at (305)

304-5130 / 853-1010

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

*Please also send a new
Certificate of Status after the change
Thank You.
ABorden*

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OLD CONCH HARBOR, INC.
2. The principal office address: 90311 OLD OVERSEAS HWY, SUITE C, TAVERNIER, FL 33070
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/01/2013 Document number: P13000038623
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JORGE CABRERA

90311 Old Overseas Hwy, Suite C

Tavernier, FL 33070

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

B. ANGEL BORDEN

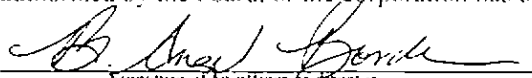
90311 OLD OVERSEAS HWY, SUITE C

P.O. Box NOT acceptable

TAVERNIER, FL 33070

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

B. Angel Borden, Secretary / Treasurer

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

December 27, 2022

Date

If signing on behalf of an entity:

Typed or Printed Name

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

Please also send a certificate of State after the change is reflected
check #120 enclosed

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

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