

P14000098174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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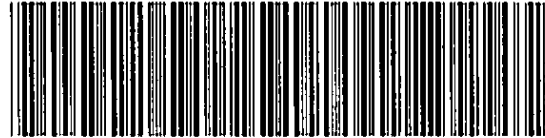
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Two Conch Tournament team
Name of Corporation

DOCUMENT NUMBER:

P14000098174

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:

John Schwochow

Name of Contact Person

Two Conchs Tournament team

Firm/Company

504 SE 9th Pl

Address

Cape Coral FL 33990

City/State and Zip Code

TCtournamentteam4@yahoo.com

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

For further information concerning this matter, please call:

John Schwochow

Name of Contact Person

at (239) 209-7682

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

• 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: Two Conchs Tournament team
2. The principal office address: 504 SE 9th Pl
Cape Coral FL 33990
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/9/14 Document number: P14000098174

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)

Dan Griffin
630 Taylor Rd
Naples FL 34109

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

John Schwachow
504 SE 9th Pl
Cape Coral FL 33990
P.O. Box NOT acceptable

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CORPORATION OF FLORIDA

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.

John Schwachow
Signature of an officer or director

John Schwachow President/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.

John Schwachow
Signature of Registered Agent

8/15/17
Date

If signing on behalf of an entity:

Typed or Printed Name

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