

7707000003704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SEP - 8 2011

**EXAMINER**

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08/22/11--01005--001 \*\*35.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2011

DAVID CHELLGREN  
3165 SW 10TH STREET  
DEERFIELD BEACH, FL 33442

SUBJECT: DEVCON TCI LTD CO  
Ref. Number: M07000003704

We have received your document for DEVCON TCI LTD CO and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 311A00019847

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DEVCON TCI LTD CO  
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:

David Chellgren  
Name of Person

Devcon TCI Ltd Co  
Firm/Company

3165 SW 10<sup>th</sup> Street  
Address

Deerfield Beach, FL 33442  
City/State and Zip Code

dchellgren@devcon/tc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Chellgren at ( 954 ) 429-1500  
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Check for \$35.00 already provided. Please send refund to:

INHS18 (5/08)

Devcon TCI Ltd Co  
3165 SW 10<sup>th</sup> Street  
Deerfield Beach, FL 33442

David S. Chellgren, CFO

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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: DEVCON TCI LTD CO

2. (a) Principal office address of limited liability company: \_\_\_\_\_

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

3165 SW 10<sup>th</sup> Street  
Deerfield Beach, FL 33442

(b) Mailing address of limited liability company: Same as above

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

18 June 2007

3. Date of filing/registration in Florida

M07000003704

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**NEW Registered Agent:** David Chelgren

**NEW Registered Office Address:** 3165 SW 10<sup>th</sup> Street  
**(MUST BE FLORIDA STREET ADDRESS)** Deerfield Beach, FL 33442

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.

David S Chelgren  
Signature of a member or authorized representative of a member

David S Chelgren  
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 608, 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.*

David S Chelgren  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00