M07000003704

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT,	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
<u>-</u>	Office Use Only	,



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SECRETARY OF STATE TALLAHASSEE, FLORID!

ATED ON A STATE OF THE STATE OF

NOV 1.3 2014

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	DEVCON TCI L	TD CO						
SUBJECT:	Name of Corp							
DOCUMENT NUMBI	ER: M0700	00003704						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.								
Please return all corresp	ondence concerning this matter to	the following:						
David Chellgren Name of Contact Person								
	Name of Conta	ct Person						
Devcon TCI Ltd Co								
Firm/Company								
4801 Johnson Rd, Ste 8								
Address 678910712								
	0	El 00070	234567891011727078					
	Coconut Creek, FL 33073 City/State and Zip Code							
		(1	S OCT TO					
F-m	City/State and Zip Code dchellgren@devconltd.com E-mail address: (to be used for future annual report notification)							
	an dadroot, (to be upon for face	no amiaar roport nomitoa	02 10					
For further information	concerning this matter, please call	<i>:</i>	£ 02 32 42 52 CV					
Dav	id Chellgren Contact Person	at (954)	429-1500					
Name of	Contact Person	Area Code & Daytime	Telephone Number					
Enclosed is a \$35.00 ch	eck made payable to the Departme	ent of State.						
	Mailing Address: Amendment Section	Street Address: Amendment Section	on					

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314 Tallahassee, FL 32314

P.O. Box 6327

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 Turks and Caicos slands in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of t	the corporation: DEV	CON TCI LTD	CO	
2. The principal	office address: 4801	Johnson Rd, Ste	8	
Coconut C	reek, FL 33073			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	18 June 2007	Document number:	M07000003704
	I street address of the cu		t and registered office on f	ile with the
	3165 SW 10th St			
	Deerfield Beach,	FL 33442		
6. The name and (if changed):	d street address of the ne	ew registered agent (i	f changed) and /or registen	ed office
	4801 Johnson Rd	l, Ste 8	· · · · · · · · · · · · · · · · · · ·	
	Coconut Creek, F	L 33073		OCT LAH
	· · ·	P.O. Box NOT acc	ceptable	TAR IAS
				OF AM
The street addre as changed will	ess of its registered off be identical.	ice and the street add	lress of the business offic	e of its registered agent,
Such change wa authorized by th	as authorized by resolute board, or the corpor	ition duly adopted by ation has been notification	tits board of directors or ed in writing of the chang	by an officer societie 🗸
Devoi & Signatu	re of an officer or director		David Chellgren, Chie	ef Financial Officer
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as re to comply with the pro id I am familiar with a ng filed merely to refle s been notified in writi	gistered agent and a visions of all statutes nd accept the obliga ect a change in the re ng of this change.	gree to act in this capacit s relative to the proper an tion of mv position as reg egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
Dais & Sig	Canature of Registered Agent		6 October Date	2014
If signing on be	half of an entity:			
	VCON TCI LTD CC)		
		* * * FILING FEE:	\$35.00 * * *	

AFTROY