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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filips Officer |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
TALLAHASSEE FLORINA

T. Burch AUG. 1.1.2008

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: BJD PLANNING TWC. (Name of Corporation) |
| DOCUMENT NUMBER: POSODOO 1942 |
| 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: |
| To ey Di FRANCES CO (Name of Contact Person) |
| BTD PLANNE INC. |
| 362 Cedancher CT |
| LARE MARY FL 32746 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Toly Differenceico at (407) 310-4522 |

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 |
|--|
| 1. The name of the corporation: BTD PLANNING, TNC. |
| 2. The principal office address: 362 Celancrest CT. LAKE Many FC 32746 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 1/7/08 Document number: POPOVOO 1943 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| BUSINESS FILINGS INC. |
| BUSINESS FILINGS INC. 1203 GOVERNOR'S SG. BLUD. #1010 & TAUAHASSEK FL 32801-2960 UFF & TO |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Bennalette Di Francesco 362 Cedancnes T CT. CP.O. Box NOT acceptable) Lake Many Fc 3 2 7 46 |
| 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 authorized director) (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) (Date) |
| If signing on behalf of an entity: Bernade He Di Frances Co (Typed or Printed Name) |

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