P10000043163

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies		s of Status
Special Instructions to 9/25/12 for free of CH	Filing Officer: Le RA UNGL.	chna P 125



500239885095

12 SEP 25 PM 3: 11

Office Use Only

SEP 2 5 2012 S. PRATHER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2012

J.C.D. PRODUCTS, INC. 1321 SW 142ND COURT MIAMI, FL 33184

SUBJECT: J.C.D. PRODUCTS, INC.

Ref. Number: P10000043163

It has come to our attention through an audit of our records that your corporation has improperly designated your registered agent.

Florida law does not allow a corporation to serve as its own registered agent. The registered agent may be changed by filing the enclosed registered agent change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by October 20, 2012, your corporation will be administratively dissolved. Please send this form back to my personal and confidential attention to insure the proper filing of this document.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Letter Number: 512A00021467

Stacy Prather Document Specialist Supervisor

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: JCD PRODUCTS INC. Name of Corporation			
DOCUMENT NUMBER: P100000 H3163			
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:			
Name of Contact Person Firm/Company			
7900 NW 67th Street			
Miami FL 33166 City/State and Zip Code			
TCDPRODUCTS 06@\ahoo. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: OSbe CovChe+e at (786) 203 - 539 > Area Code & Daytime Telephone Number			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

 $\cdot \sqrt{z}$

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.
1. The name of the corporation: TCD PRODUCTS TNC. 2. The principal office address: 7900 NW 67th Street Miami, FL 33166
3. The mailing address (if different):
4. Date of incorporation/qualification: 5 17 2010 Document number: P100000 H3 16 3
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) TO PRODUCT TIVE TYPE STATE ST
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed): OSbel Orchete Rodrigues 1321 Sw 142nd Court P.O. Box NOT acceptable FL 33184
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 Signature of an officer or director
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. OGITED Date
If signing on behalf of an entity: OCHER Typed or Printed Name

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