P12000044089

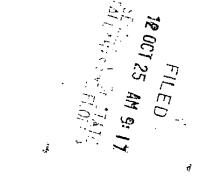
| (Re | questor's Name) | |
|---|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



800241047078

10/25/12--01017--007 **35.00



OCT 2 5 2012 C. MUSTAIN

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|
| BCWD Inc | | | |
| SUBJECT: | | | |
| Name of Corporate | ion | | |
| DOCUMENT NUMBER: | ······ | | |
| 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: | | | |
| Oscan Cardo Name of Contact Pe | 2 o | | |
| BCWD Firm/Company | | | |
| Firm/Company | | | |
| 22468 Middletou | in Oc | | |
| Boca Raton F/ City/State and Zip C | 33428 Code | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| OSCAR CAVADO at (| 56/ 756 - 105 7- Trea 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 for change its registered office or registered agent, or both, in the State of Florida. |
| |
| 1. The name of the corporation: BCWD, Mc. |
| 2. The principal office address: 22468 Middletown Dr. |
| Boca Paten, Fl 33428 |
| 3. The mailing address (if different): |
| |
| 4. Date of incorporation/qualification: 5/10/2012 Document number: ©00 234 950 961 |
| 5. The name and street address of the current registered agent and registered office on file with the FET 45- Florida Department of State: (If resigned, enter resigned) 5269894 |
| Oscan Cardodo |
| 22468 Middletown Dr |
| Boca Raton, f1 33428 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| 9360 Lake Sereng DR |
| Boca Rakin, Fla 33496 |
| P.O. Box NO1 acceptable |
| 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 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. |
| Gom Cin 10/24/2012 |
| Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| Typed or Printed Name |
| |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)