# P920000/4807

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2012

ANTOINE D'ALINCOURT W.C.D.I INC. 12250 NW 25TH STREET, SUITE 115 MIAMI, FL 33182

SUBJECT: W.C.D.I INC. Ref. Number: P92000014807

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

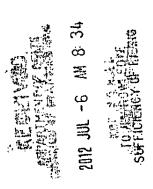
PLEASE HAVE NATHALIE D. HERBET, THE NEW REGISTERED AGENT, TO SIGN THE REGISTERED AGENT CHANGE FORM.

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) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 912A00017056





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2012

ANTOINE D'ALINCOURT W.C.D.I INC. 12250 NW 25TH STREET, SUITE 115 MIAMI, FL 33182

SUBJECT: W.C.D.I INC. Ref. Number: P92000014807

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 212A00015050



### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: W.C.D.T. Inc.  Name of Corporation
DOCUMENT NUMBER: # P92 000014 807
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:
D'Alincourt, Antoine Name of Contact Person
WCDI Inc
12250 NW 25+1 Street, Suite 115
MIAMI FLORIDA 33182 /City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  D'Alinwurt, Antoine at 305, 593-5394  Name of Contact Person 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 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 <b>Florida</b> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Wo C. Doi iNC.
2. The principal office address: 12250 NW 25th street Suite 15
3. The mailing address (if different): POBOX 527525  NIFIN FI 33152-7525
4. Date of incorporation/qualification: 12   1992 Document number: P320000 14807
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)
FERNANDEZ, CARIOS L ESQ
9485 SUNSET DRIVE A-204
Miani F/ 33 173
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MRS NATHALIE D- HEABET
12250 NW 25th Street Suite 115 = 0
Mian' F/ 33182
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, of the corporation has been notified in writing of the change.
Signature of an office of director  D'Alin Coue T AN ToiNE 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 in the perfect of the perfect and the property of the perfect and the perfect
07-02-2012
Signature of Registered Agent  Date
If signing on behalf of an entity:  NATHALE D HEABET  Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)