

M06 0000003457

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DEC 13 PM 12:49



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 605898 5048595

AUTHORIZATION :

[Signature]

COST LIMIT : \$25,000

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 DEC 13 PM 12:49

ORDER DATE : December 10, 2010

ORDER TIME : 4:18 PM

ORDER NO. : 605898-010

CUSTOMER NO: 5048595

CHANGE OF AGENT

NAME: TMS HEALTH, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS: _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
DEC 13 PM 12:49

1. Name of the limited liability company: TMS HEALTH, LLC

2. (a) Principal office address of limited liability company: 2828 N. HASKELL AVE
(Note: **MUST BE STREET ADDRESS**) BLDG 1 FLOOR 10
DALLAS, TX 75204

(b) Mailing address of limited liability company: 2828 N. HASKELL AVE
(Note: **MAY BE POST OFFICE BOX**) BLDG 1 FLOOR 10
DALLAS, TX 75204

JUNE 20, 2006 M06000003457
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Corporate Creations Network, Inc

Registered Office Address: 11380 Prosperity Farms Road
#221E
Palm Beach, Gardens, FL 33410

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(**MUST BE FLORIDA STREET ADDRESS**) Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

J. MICHAEL PEFFER
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Corporation Service Company

[Signature]
(Signature of Registered Agent)

Carina L. Dunlap
Asst. Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00