## P050000000174

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900257787979

03/21/14--01025--012 \*\*35.00

SECRETARY OF STATE

Ro Change

MAR 24 2014 T. CARTER

## COVER LETTER

TO: Amendment Section Division of Corporations

TMS Financial Corporation

Name of Corporation

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:

## Kevin P. Smith

Name of Contact Person

TMS Financial Corporation dba/Index Marketing Group

Firm/Company

4600 Touchton Road, bldg #100, suite #150

Jacksonville, Fl. 32246

City/State and Zip Code

kevin@indexmarketinggroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin P. Smith

Name of Contact Person

904 619-4838

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 Tallahassec, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of change	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut is submitted for a corporation organized under the laws of the State of Florida because its resistance of the state of Florida.	<u>a</u>
	change its registered office or registered agent, or both, in the State of Florid Exporation: TMS Financial Corporation dba/ Index Marketing	
	ce address: 4600 Touchton Road, Bldg #100, Suite #150, Jacksonville	
3. The mailing addre	ss (if different): same	
4. Date of incorporat	ion/qualification: May,3rd,2005 Document number: P0500066	774
5. The name and stre	et address of the current registered agent and registered office on file with the it of State: (If resigned, enter resigned)	
98	60 Preston Trail West	
Po	nte Vedra Beach, Fl. 32082	<u></u>
		4 1
6. The name and stro (if changed):	et address of the new registered agent (if changed) and /or registered office	)3SF 21
46	00 Touchton Road	
Blo	lg #100, Suite #150	1: 06
	P.O. Box NOT acceptable	6 IDA
<u>Ja</u>	cksonville, Fl. 32246	
The street address of as changed will be to	its registered office and the street address of the business office of its registered.	stered agent,
Such change was au authorized by the bo	thorized by resolution duly adopted by its board of directors or by an office ard, or the corporation has been notified in writing of the change.	:r 50
-	Kevin P. Smith	
I hereby accept the a	protector of the company of this capacity of the provisions of the company of the company of the provisions of all statutes relative to the proper and complete uties, and I am familiar with and accept the obligation of my position as recument is being filed merely to reflect a change in the registered office add the corporation has been notified in writing of this change.	egistered iress, I
-11.00	3/17/2014	
_	of Registered Agent Date	
If signing on behalf	of an entity:	
Typed or	Printed Name	
	* * * FILING FEE: S35.00 * * *	

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)