

P07000030319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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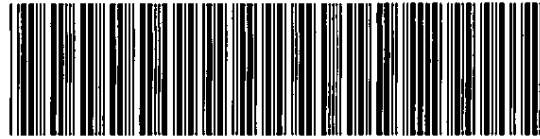
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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ALLEN
CORPORATION
SUPPLY

10440 PIONEER BLVD., SUITE 8
SANTA FE SPRINGS, CA 90670
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May 10, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: TMC INSURANCE SERVICES, INC.

Please file the enclosed Statement of change of Registered Agent for the corporation named above, and forward a **certified copy** of the Statement to the letterhead address.

Also enclosed is a check payable to Florida Department of State in the amount of \$43.75 to cover all costs associated with this request, and a Federal Express air bill for you use. Also please attach a statement of all your charges.

Do not hesitate to contact me with any questions.

Sincerely,

Michelle Lewis
Michelle Lewis

RECEIVED
07 MAY 11 AM 8:00
DIVISION OF CORPORATIONS

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TMC INSURANCE SERVICES, INC.
2. The principal office address: 1650 Margaret Street, Suite 302 PMB 107
Jacksonville, FL 32204
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 8, 2007 Document number: P07000030319
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Gertrudis A. Martinez

8301 Cypress Plaza Drive #104

Jacksonville, FL 32256

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gertrudis A. Martinez

1650 Margaret Street, Suite 302 PMB 107

(P.O. Box NOT acceptable)

Jacksonville, FL 32204

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

Gertrudis A. Martinez, President

(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.


(Signature of Registered Agent)

4/12/07

(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