

P08000052871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

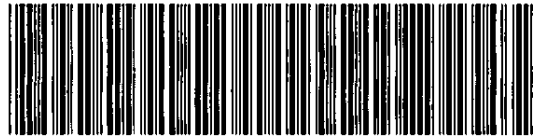
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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R0/ch8
10 9/28/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TMS FL 2, Inc.
Name of Corporation

DOCUMENT NUMBER: P08000052871

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:

David J. Wallace
Name of Contact Person

Dubow, Dubow & Wallace
Firm/Company

215 Federal Highway
Address

Dania Beach, Florida 33004
City/State and Zip Code

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

For further information concerning this matter, please call:

David Wallace at (954) 925-8228
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2009

DAVID J. WALLACE
DUBOW, DUBOW & WALLACE
215 FEDERAL HIGHWAY
DANIA BEACH, FL 33004

SUBJECT: TMS FL 2, INC.
Ref. Number: P08000052871

We have received your document for TMS FL 2, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 309A00030041

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: TMS FL 2, Inc.
2. The principal office address: 7491 West Oakland Park Boulevard, Suite 306, Lauderhill, FL 33319
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/28/2008 Document number: P08000052871

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)

Réjean LaPierre

7800 West Oakland Park Boulevard, Suite G-121

Sunrise, FL 33351

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

Réjean LaPierre

7491 West Oakland Park Boulevard, Suite 306

P.O. Box NOT acceptable

Lauderhill, FL 33319

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

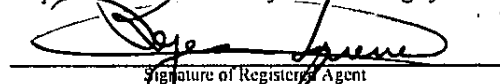
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Bernard Thibault

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

09/22/09
Date

If signing on behalf of an entity:

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 (8/05)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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