

PD8000052878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

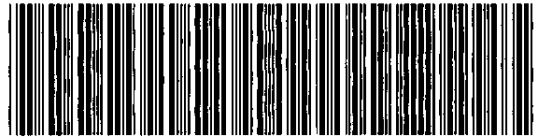
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09 SEP 25 AM 8:34

RO/chg  
1a 9/28/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TMS FL 3, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P08000052878

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 3, INC.  
Ref. Number: P08000052878

We have received your document for TMS FL 3, 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: 609A00030041

**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 3, 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: P08000052878

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)

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TALLAHASSEE, FLORIDA  
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