

P100000323418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

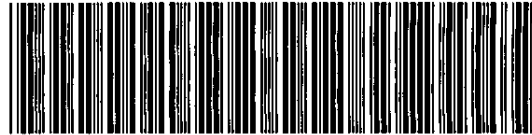
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/08/14--01053--024 **35.00

APPROVED
AND
FILED
14 DEC -8 PM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2014
T. LEMIEUX

**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: TS & MS INC.
2. The principal office address: 230 SOUTH UNIVERSITY DRIVE
PLANTATION, FL 33324
3. The mailing address (if different): 7080 NOVA DRIVE #206B
DAVIE, FL 33317
4. Date of incorporation/qualification: 04-14-2010 Document number: P10000032348
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)

TARIQ SAKALLAH (RESIGNED)

7080 NOVA DRIVE #206B

DAVIE, FL 33317

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

PAVLOUS NIKOLAIDIS

819 SE 11 AVENUE

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33316

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

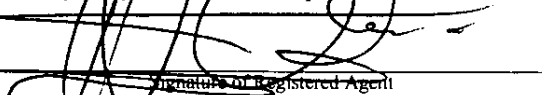
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

TARIQ SAKALLAH

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

11-20-2014

Date

If signing on behalf of an entity:

Typed or Printed Name

**FILING CANCELLED
RETURNED CHECK**

***** 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 (03/12)

14 DEC -8 PM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AND
FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TS & MS INC
Name of Corporation

DOCUMENT NUMBER: P10000032348

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:

TARIQ SAKALLAH
Name of Contact Person
THE GREEK KITCHEN
Firm/Company
230 SOUTH UNIVERSITY DRIVE
Address
PLANTATION, FL 33324
City/State and Zip Code
PHALESTINE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAVLOUS NIKOLAIDIS at (754) 701-8820
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