P12000058853

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
. (De	ocument Number)	
. (DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500289100455

08/17/16--01011--003 **35.00

SECULTARY OF STATE OF A LANGUAGE OF STATE

AUG 2.9 2016 C. CARROTHERS

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: TMSA FLORIDA REAL ESTATE INC.

Name of Corporation

DOCUMENT NUMBER

P12000058853

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:

Rejean Lapierre

Name of Contact Person

Lapierre, Brault, Elhour & Assoc., inc.

Firm/Company

5100 N.W. 33rd Ave., Suite 247

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

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

For further information concerning this matter, please call:

Rejean Lapierre

,954

749-8802

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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute. ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida	
1. The name of	the corporation: TMSA FLORIDA REAL ESTATE INC. office address: 5100 N.W. 33rd Ave., Suite 247, Fort Lauderdale	FI 33309
2. The principal	office address: Total 1.1.1. Gold 7.10., Galle 247, 1 of Edda Galle	, 1 2 00000
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 07/02/2012 Document number: P1200005	8853
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Rejean Lapierre	
	7491 W. Oakland Park Blvd., Suite 306	2
	Lauderhill, FL 33319	PAIS AUG 17
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Rejean Lapierre	물로 😘
	5100 N.W. 33rd Ave., Suite 247	
	P.O. Box NOT acceptable Fort Lauderdale, FL 33309	
The street addre	ess of its registered office and the street address of the business office of its regist be identical.	ered agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer ne board, or the corporation has been notified in writing of the change.	so
Signatu	Bernard Thibault Printed or typed name and title	
I further agree is performance of agent. Or, if this hereby confirm	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties and I am familiar with and accept the obligation of my position as regists documentlis being filed merely to reflect a change in the registered office address that the dopporation has been notified in writing of this change.	ristered ess, I
()	nature of Effgistered Agent Date	_
REJEA	half of an entity: N LRIER E yped or Printed Name	

* * * FILING FEE: \$35.00 * * *