

P13000027968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

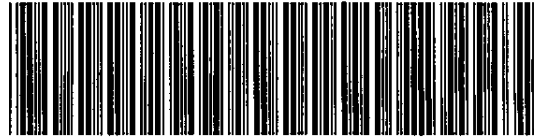
(Business Entity Name)

(Document Number)

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TREASURY DEPARTMENT

AUG 20 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TMS PORTFOLIO US 2 INC.
Name of Corporation

DOCUMENT NUMBER: P13000027968

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 at 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**

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 PORTFOLIO US 2 INC.
2. The principal office address: 5100 N.W. 33rd Ave., Suite 247, Fort Lauderdale, FL 33309

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/26/2013 Document number: P13000027968

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)

Rejean Lapierre

7491 W. Oakland Park Blvd., Suite 306

Lauderhill, FL 33319

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

Rejean Lapierre


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

P.O. Box NOT acceptable

Fort Lauderdale, FL 33309

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.

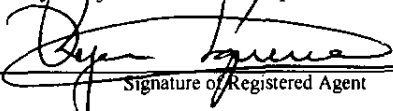


Signature of an officer or director

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. On, 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

07/15/2013
Date

If signing on behalf of an entity:

REJEAN LAPIERRE

Typed or Printed Name

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