

4/12/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC  
Account Number : I20150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: sschmahl@tmsnational.com

REGISTERED AGENT CHANGE  
TMS NATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

APR 13 2021

M. SOLOMON

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TMS NATIONAL, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P96000072695

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:

Sylvia Schmahl

Name of Contact Person

TMS NATIONAL, INC.

Firm/Company

PO Box 1686

Address

McComb, MS 39649

City/State and Zip Code

sschmahl@tmsnational.com

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

For further information concerning this matter, please call:

Kathy Clark

Name of Contact Person

at (800) 567-4397

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CR2E045 (04/13)

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATION**

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 NATIONAL, INC.
2. The principal office address: 1154 FRED BACOT RD, SUMMIT, MS 39666
3. The mailing address (if different): PO BOX 1686, MCCOMB, MS 39649
4. Date of incorporation/qualification: 08/28/1996 Document number: P96000072695
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)

FOSTER, JOHN7108 FAIRWAY DRIVE, SUITE # 200PALM BEACH GARDENS, FL 33418

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

URS AGENTS, LLC3458 Lakeshore DriveP.O. Box NOT acceptableTallahassee, FL 32312

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.

Sylvia Schmah  
Signature of an officer or director

Sylvia Schmah vice President  
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.

Kathy Clark  
Signature of Registered Agent

4/12/2021

Date

If signing on behalf of an entity:

Kathy Clark

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

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