P99000046318

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ALLAHASSEE FLORING

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COVER LETTER

	amendment Section Division of Corporations				
SUBJEC	T: TSM Services, Inc. (Name of Cor	poration)			
DOCUMENT NUMBER: <u>P99000046318</u>					
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:					
Steven E. Grevemeyer (Name of Contact Person)					
	(Name of Conta	act Person)			
TSM Services, Inc. (Firm/Company)					
5067 Van Buren Rd (Address)					
Delray Beach, FL 33484 (City/State and Zip Code)					
For further information concerning this matter, please call:					
	Steven E. Grevemeyer (Name of Contact Person)	at (561) 417-6737 (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: TSM Services, Inc.					
2. The principal office address:	5067 Van Buren Rd.				
Deiray Beach, FL 3348	34				
3. The mailing address (if differ	ent):		11-12-11-11-11-11-11-11-11-11-11-11-11-1		
4. Date of incorporation/qualific	eation: <u>05/19/1999</u>	Document number: P9900004	46318		
5. The name and street address Florida Department of State:		gent and registered office on file with t			
Steven E. G	Grevemeyer		DEC CRETA		
756 Berkele	ey St		15 15		
<u>Boca Raton</u>	, FL 33487		PM I2: OL OF STATE OF FLORID		
6. The name and street address (if changed):	of the new registered agen	t (if changed) and /or registered office	ADA OL		
Steven E. C	Grevemeyer				
5067 Van E	suren Rd		•		
	(P.O. Box NOT acceptable)				
Delray Bea	ch, FL 33484	·			
The street address of its registe as changed will be identical.	ered office and the street	address of the business office of its r	registered agent,		
Such change was authorized by authorized by the board, or the	y resolution duly adopted corporation has been no	I by its board of directors or by an of tified in writing of the change.	fficer so		
(Signature of an officer or d	irector)	Steven E. Greverneyer. (Printed or typed name and title	President		
I hereby accept the appointme I further agree to comply with of my duties, and I am familia document is being filed merely corporation has been notified	the provisions of all stati r with and accept the obli to reflect a change in the	utes relative to the proper and complication of my position as registered to registered the registered office address. I hereby	lete performance agent. Or, if this confirm that the		
/2E F/	2	10 DEC 2008			
(Signature of Registered	i Agent)	(Date)			
If signing on behalf of an entit	y:				
Steven F. Grevemey	er. President				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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

(Typed or Printed Name)