Name and Address of ourrent Registered Agent.				
AKEL, TISER 5172 NORMANDY BLVD JACKSONVILLE, FL 32205-4826 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE:				
	Electronic Signature of Registered Agent			I
Officer/Director Detail :				
Title	PD	Title	TD	
Name	AKEL, TISER	Name	AKEL, CHARLIE	
Address	5172 NORMANDY BLVD	Address	5172 NORMANDY BLVD	
City-State-Zip:	JACKSONVILLE FL 32205-4826	City-State-Zip:	JACKSONVILLE FL 32205-4826	
Title	SD			

## **Current Mailing Address:**

5172 NORMANDY BLVD JACKSONVILLE, FL 32205-4826

Entity Name: TMC OF JAX, INC.

**Current Principal Place of Business:** 

## FEI Number: 59-3466617

Name

Address City-State-Zip:

## Name and Address of Current Registered Agent:

AKEL, MICHAEL

5172 NORMANDY BLVD

JACKSONVILLE FL 32205-4826

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. PRES.

SIGNATURE: TISER AKEL

Electronic Signature of Signing Officer/Director Detail

5172 NORMANDY BLVD JACKSONVILLE, FL 32205-4826

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P97000079269

Certificate of Status Desired: No

03/19/2014

Date

Date

FILED Mar 19, 2014 Secretary of State CC6917397490