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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

REGISTERED AGENT CHANGE

TNS VENTURE ENTERPRISES, INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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September 10, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TNS VENTURE ENTERPRISES, INC
1112 CHATEAU CIRCLE
MINNEOLA, FL 34715

SUBJECT: TNS VENTURE ENTERPRISES, INC
REF: P07000095224

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

FAX Aud. #: H07000223645
Letter Number: 507A00053499

RECEIVED
2007 SEP 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

AGENTS AND CORPORATIONS, INC.
1201 ORANGE STREET, SUITE 600
WILMINGTON, DE 19801
PH 302-575-0877
FAX 302-575-1642

FAX COVER SHEET

DATE: September 10, 2007

NUMBER OF PAGES: 4

(Including Cover Sheet)

FROM: Jeanette LaVecchia

RE: TNS VENTURE ENTERPRISES, INC

<u>RECIPIENT:</u>	<u>FAX NUMBER</u>
Tina Roberts/STATE OF FL	850-205-0380

Original Document(s) _____ will follow by mail
_____ will not _____ will not follow by mail

As requested, attached is the corrected document, please proceed to file as of September 7, 2007. If you have any questions, please contact me. Thank you Jeanette

If there is a problem receiving this fax, please call (302) 575-0877 or 1(800) 759-2248.

CONFIDENTIALITY NOTICE: The documents accompanying this Fax Sheet contains information which is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named on this fax sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this Fax in error, please notify this Firm immediately by telephone so that arrangements may be made for the return of the documents.

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FEB 10 2008

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: TNS VENTURE ENTERPRISES, INC.
- 2. The principal office address: 520 Magnolia Street
Winter Garden FL 34787
- 3. The mailing address (if different): 1112 Chateau Circle
Minneola FL 34715
- 4. Date of incorporation/qualification: 8/24/07 Document number: P07000085224
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Anthony P. Cell
1112 Chateau Circle
Minneola, FL 34715

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 TALLAHASSEE, FLORIDA

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Agents and Corporations, Inc.
300 Fifth Avenue South, Suite 101-330
(P.O. Box NOT acceptable)
Naples, FL 34102

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 Registered Agent)

Anthony Cell
 (Name of (Type in full name))

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 obligations of my position as registered agent. On 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)

9/7/07
 (Date)

If signing on behalf of an entity:

John L. Williams Vice President
 (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

CR28043 (8-05)

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