

F110000002566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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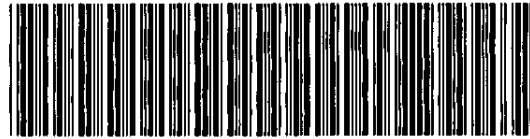
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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RA/RD/ch8  
@ 3/8/12

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TMS INTERSTATE CONSTRUCTION, INC.  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

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:

Roxanne Vaughn  
Name of Contact Person

TMS Construction Inc  
Firm/Company

1315 Ford St.  
Address

Colorado Springs, CO 80915  
City/State and Zip Code

roxiv@tms-companies.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roxanne Vaughn at ( 719 ) 532-9988  
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

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12 MAR-6 AM 10:26

RECEIVED  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2012

ROXANNE VAUGHN  
TMS INTERSTATE CONSTRUCTION, INC.  
1315 FORD ST.  
COLORADO SPRINGS, CO 80915

SUBJECT: TMS INTERSTATE CONSTRUCTION, INC.  
Ref. Number: F11000002566

We have received your document for TMS INTERSTATE CONSTRUCTION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a balance due of \$10.00.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 412A00006967

**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 Colorado in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TMS INTERSTATE CONSTRUCTION, INC.
2. The principal office address: 1315 FORD STREET  
COLORADO SPRINGS CO 80915
3. The mailing address (if different): SLA
4. Date of incorporation/qualification: F11000002566 Document number: F11000002566
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)

YOUR CAPITAL CONNECTION, INC.

1315 FORD STREET

COLORADO SPRINGS CO 80915

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

NRAI Services, Inc.

515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

Roxanne Vaughn  
Signature of an officer or director

Roxanne Vaughn Secretary /Treas.  
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.*

NRAI Services, Inc.

by: [Signature]  
Signature of Registered Agent

2/8/12  
Date

If signing on behalf of an entity:

Wendy D Rea, Assistant Secretary

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

CR2E045 (8/05)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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