

JUN-15-09 02:06

From THE WILKINS LAW FIRM PA

3025751842

T-255

P.01/05

5-162

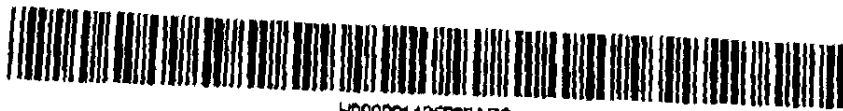
C04000008011

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000143506 3)))



H090001435063ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 517-6380

From:

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

ATT. S. HAWKES

*PLEASE FILE AS OF
6/15/09
Thank you*

REGISTERED AGENT CHANGE

TNP ENTERPRISES, LLC

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

25.00

S. HAWKES

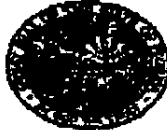
JUN 17 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help



June 16, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TNP ENTERPRISES, LLC
1701 J.L. REDMAN PARKWAY
PLANT CITY, FL 33567

SUBJECT: TNP ENTERPRISES, LLC
REF: L04000069011

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

FAX And. #: H09000143506
Letter Number: 009A00020266

RECEIVED
2009 JUN 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TNP ENTERPRISES, LLC

2. (a) Principal office address of limited liability company: 2868 Conch Hollow Dr.



(Note: **MUST BE STREET ADDRESS**)

Brandon, FL 33511

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

9/21/2004

3. Date of filing/registration in Florida

L04000069011

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Joseph M. Williams

Registered Office Address:

1701 J.L. Redman Parkway
Plant City, FL 33567

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Agents and Corporations, Inc.

NEW Registered Office Address:

300 Fifth Avenue South, Suite 101-330

(MUST BE FLORIDA STREET ADDRESS)

Naples, FL 34102

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Arthur Banks
Signature of a member or authorized representative of a member

Arthur Banks

Printed or typed name of signer

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Joseph M. Williams
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00