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| (Requestor's Name) |
| (Address) |
| (Address) |
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SECRETARY OF STATE
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200b JUL -5 Д 8: ц Registration Section SECRETARY OF STATE TALLAHASSEE, FLORID. Division of Corporations SUBJECT: Tibbetts Family Limited Partnership (Name of Limited Partnership) DOCUMENT NUMBER: A 9500000 1089 The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Russel P Brandes
(Contact Person)

Tibbetts Holdings, LCC
(Firm/Company) 695 31st 5
(Address) 51, Pete FL 33712 (City, State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (727) 408-0543

(Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Florida Department of State. **MAILING ADDRESS:** STREET ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P. O. Box 6327 Clifton Building

Tallahassee, FL 32314

INHS04 (01/06)

2661 Executive Center Circle Tallahassee, FL 32301

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

| 2006 JULy-5 A 8: 41 |
|--|
| Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited |
| partnership or limited liability limited partnership submits the following statement in order sq ATE change its registered office or registered agent, or both, in the state of FATEAHASSEE. FLORID |
| · |
| 1. Tibbetts Family Limited Partnership Name of Limited Partnership or Limited Liability Limited Partnership |
| · |
| 2. 07/18/1995 3. A 950000 1089 Date of filing/registration in Florida Florida document number |
| Date of filing/registration in Florida Florida document number |
| 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: |
| Ke dee weed P |
| Brandes, Russel P |
| 3300 Fairfield Avenue South |
| |
| 5t. Veters burg FL 33712 City, State and Zip |
| 5. The name and Florida street address of the new registered agent and/or office: |
| Brandes, Russel P |
| Florida street address (P.O. Box not acceptable) |
| Florida street address (P.O. Box not acceptable) |
| 5t. Petersburg FL 33712 City, State and Zip |
| 6. Such change(s) is/are effective when filed by the Florida Department of State. |
| Mussel P. Brunks |
| Signature of General Partner |
| 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 an accept the obligations of my position as registered agent. |
| Signature of Registered Agent |
| Eiling Foo. \$25.00 |

Certified Copy (optional): \$52.50