N06000008519

	(Requestor's Name)				
	(Address)				
	(Address)				
· · · · · · · · · · · · · · · · · · ·	(City/State/Zip/Phone #)				
PICK-UI	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



600398835116

RAERO Chares

ALLAHASSEE FLORIE

A. RAMSEY DEC 1 6 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195
	REFERENCE	:	248857 7996860
	AUTHORIZATION	:	Grebelenan
	COST LIMIT	:	\$ 35.00
ORDER DATE :	December 14, 202	2	
ORDER TIME :	8:32 AM		
ORDER NO. :	248857-005		
CUSTOMER NO:	7996860		
	CHANGE OF A	GENT	<u>r</u>
NAME:	TIBBETTS INDU ASSOCIATION,		
	ABBOCIATION,	TINC	•
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FILING:
CERTIF	IED COPY STAMPED COPY		
AA PHAIN	STAMPED COPT		

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a corpord	02, 617.0502, 607.1508, or 617.1508, Florida S ation organized under the laws of the State of <u>F</u> se or registered agent, or both, in the State of Fi	-L			
	-	DUSTRIAL PARK ASSOCIATION, INC.				
	office address: 201 Polito Ave					
3. The mailing a	address (if different):					
4. Date of incorp	4. Date of incorporation/qualification: 08/11/2006 Document number: N06000008519					
5. The name and		registered agent and registered office on file wit				
	Stevens, Kyle					
	300 South Orange Avenue 1600 - 200 FL 32801					
	Orlando	FL 32801	JEC I			
6. The name and (if changed):	I street address of the new reg	istered agent (if changed) and /or registered offi	15 A 9: 04			
	Corporation Service Compa	any	., 0			
	1201 Hays Street		, *			
		P.O. Box. NOT acceptable				
	Tallahassee	FL 32301				
The street address changed will	ess of its registered office and be identical.	I the street address of the business office of its	registered agent,			
Such change wa authorized by th	es authorized by resolution du ne board, or the corporation h	aly adopted by its board of directors or by an cas been notified in writing of the change.	officer so			
Gail	Pacifico re of an object or director	Gail Pacifico	Treasurer			
Signatu	re of an officer or director	Printed or typed name and titl				
of my duties, an document is bei corporation has	to comply with the provisions	d agent and agree to act in this capacity, of all statutes relative to the proper and compept the obligation of my position as registered unge in the registered office address. I hereby is change.	plete performance agent. Or, if this Confirm that the			
By: I log	nature of Registered Agent	12/13/2022 Date				
-	half of an entity:					
	Asst. Vice President sped or Printed Name					

* * * FILING FEE: \$35.00 * * *