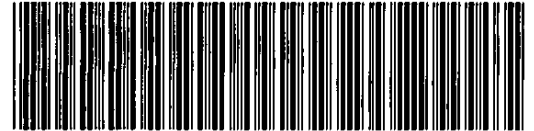


P9600002205

Tommy Lee & Sons, Inc.  
15613 Pine Ridge Rd.  
St. Marys, FL 33908



100215324771

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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

1. The name of the corporation: Tommy Tire & Sons, Inc.  
2. The principal office address: 15615 Pine Ridge Rd Formerly: 144 Drift  
Fort Myers, FL 33908 Formerly: Ft Myers Bch  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/12/1996 Document number: 996666 22052

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)

Linda S. Glover  
144 Driftwood Lane  
Ft. Myers Beach, FL 33931

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

Linda S. Glover  
15615 Pine Ridge Road  
P.O. Box NOT acceptable  
Fort Myers, FL 33908

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.

X Linda S. Glover  
Signature of an officer or director

Linda S. Glover  
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.

X Linda S. Glover  
Signature of Registered Agent

12/22/11  
Date

If signing on behalf of an entity:

Tommy Tire & Sons, Inc.  
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