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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Hooker & Tibbetts, Inc. (Name of Corporation)
DOCU	MENT NUMBER: \$980000 912 15
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Russel P Brandes (Name of Contact Person)
	Tibletts Holdings, LLC (Firm/Company)
	695 31st Street South (Address)
	St. Peters burg Ft 33712 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	(Name of Contact Person) at (727) 408-0543 (Area Code & Daytime Telephone Number)
	(Name of Contact Person) (Area Code & Daytime Telephone Number)
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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

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

Pursuant to the pr statement of chan in order	ge is submitted	for a corporc	tion organize	ed under the	laws of the Sta	te of Flor	
1. The name of the	e corporation:_	Hooke	r o T,	hbetts.	Inc.		
2. The principal o				•			
5	+1 Pete	FL 33	3712				
3. The mailing add	dress (if differer	nt):					
4. Date of incorpo	ration/qualifica	tion:	127/199	Z Documer	nt number:	980000	291215
5. The name and s Florida Departr		the current r	egistered age	nt and registe	ered office on f	file with the	
_	Bro	indes,	Russel	p			
		• ,			South	SE (8
			FL			AHA	E I
6. The name and s (if changed):	street address of	the new regi	stered agent (if changed)	and /or register	ed office	多一
_	B10	indes	Lusse	1 P		STAT	8: 5 D
	69	5 3/s	+ 5+1	rect	South	DA	ČÍ
_		(P.O. Box N	OT acceptable)				
	7F1	Veter	burg				
The street address as changed will b	s of its registere e identical.	ed office and	the street ad	dress of the	business offic	e of its registe	red agent,
Such change was authorized by the	authorized by board, or the c	resolution du orporation h	ily adopted b as been notif	y its board o	of directors or ig of the chang	by an officer s ge.	30
/ Wasse	of an officer or dire	Elm Sle		Ru	Printed or typed ha	ne and title	voles
I hereby accept the I further agree to of my duties, and document is being corporation has be	comply with th I am familiar v g filed merely to	e provisions vith and acce o reflect a ch	of all statute opt the obliga- ange in the r	agree to act es relative to ation of my pregistered of	in this capacion the proper an position as ree fice address, I	ly. id complete pe istered agent. hereby confir	rformance Or, if this m that the
/ Tusse	ature of Registered A	Sund gent)	la.		6-2 (Date)	6-06	
If signing on beha	alf of an entity:						
Russel	ped or Printed Name	ande.	5				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 · CR2E045 (8/05)

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