F93000004109



ACCOUNT NO. : 07210000032

REFERENCE :

683278 90818A

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: May 2, 2000

ORDER TIME: 12:14 PM

ORDER NO. : 683278-145

700003275047--6

CUSTOMER NO: 90818A

CUSTOMER:

Judith Taylor, Esq

Carey International, Inc. 4530 Wisconsin Avenue, N.w.

Washington, DC 20016

CHANGE OF AGENT

NAME:

CAREY LIMOUSINE FLORIDA, INC.

O. COULLIETTE JUN 0 2 2000

PLEASE	RETURN	THE	FOLLOWING	AS.	PROOF	OF	FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

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 617.15 the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or register the State of Florida. 1. The name of the corporation is: CAREY LIMOUSINE FLORIDA, INC.		
2. The mailing address of the corporation is:1500 Belvedere Road, West Palm B	each, FL 33406	
3. Date of incorporation/qualification: September 9, 1993 Document number 4. The name and address of the current registered agent and office:	F93000004109	
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324 5. The name and address of the new registered agent and office: (P. O. Box Not Acc	SECRETARI TALLAHASSA	一二二
Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301	PN 2: 49	D
The street address of its registered office and the street address of the business of agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors of authorized by the board. (Signature of an officer, chairman or vice chairman of the board) Gary C. Ressler, Vice President/Asst. Secretary	rice of its register or by an officer of ZZ . (2)	ered so
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above corporation, I hereby accept the appointment as registered agent and agree to act in further agree to comply with the provisions of all statutes relative to the proper and performance of my duties, and I am familiar with and accept the obligation of my posteristered agent. (Signature of Registered Agent) (Date)	this capacity.	,
f signing on behalf of an entity: Deborah D. Skipper (Typed or Printed Name) as its agent (Capacity)		
* * * FILING FEE: \$35.00 * * *		

CR2EO45(7/97)