

H70833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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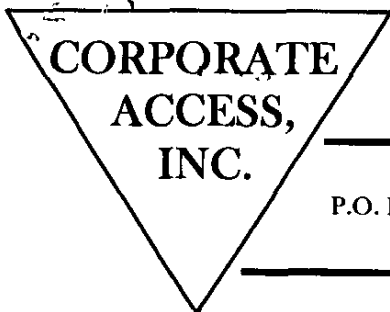
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DIVISION OF CORPORATIONS
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Statement of change

1.

Bay Area Taxi service, inc
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**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: BAY AREA TAXI SERVICE, INC.
2. The principal office address: 5201 Gulf Boulevard
St. Pete Beach, FL 33706
3. The mailing address (if different): P.O. Box 66330
St. Petersburg, FL 33736
4. Date of incorporation/qualification: 8/12/85 Document number: H70833
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jerry E. Vallee

5201 Gulf Boulevard

St. Petersburg, FL 33710

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

Carol B. Vallee

5201 Gulf Boulevard

(P.O. Box NOT acceptable)

St. Pete Beach, FL 33706

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.

Carol B. Vallee

(Signature of an officer or director)

CAROL B. VALLEE

(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.

Carol B. Vallee

(Signature of Registered Agent)

7/5/07

(Date)

If signing on behalf of an entity:

CAROL B. VALLEE

(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

CR2E045 (8/05)

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