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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SHOWTIME LIMOUSINE SUC., INC. Name of Corporation
DOCUMENT NUMBER: LOO 253
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Show Time Limbus INE Suc. Inc. Firm/Company
1101 GATOR LANE Address
WINTER SPRINGS, FL 32708 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Kim KREBSBACH at 407 1699 - 6060 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 in order to change its registered office or registered agent, or both, in the State of Florida.
2. The principal office address: 101 GATOR LANE
WINTER SPRINGS, FL 32700
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/05/1989 Document number: 1.002.53
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)
WADE JOHNSON JR
118 E. JEFFERSON
ORIANDO, FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
KIM KREBSBACH
1101 GATOR LANE
P.O. BOX NOT acceptable WINTER SPRINGS, FL 32708
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.
Lum MKrelsbach pers KIM KREBSBACH. PRESID
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.
Signature of Registered Agent 7 14 12
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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