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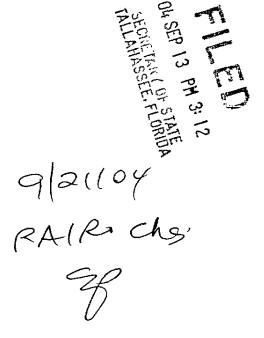
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SPIRIT OF EXCELLENT LIMOUSINE SERVIO	CE INC
(Name of corpo	ration)
DOCUMENT NUMBER: P00000066811	
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
COLISTA D. C	ogburn t person)
SPIRIT OF EXCELLENT LIMOUSINE SER	
(Firm/Comp.	any)
17230 NW	
(Address	
MIAMI, FLORID	A 33056
(City/state and zi	p code)
For further information concerning this matter, please call:	
COLISTA D. OGBURN	(305) 624-3330
(Name of contact person)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Departmen	t of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

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

statement of cha	provisions of sections 607.0502, 617.0502, inge is submitted for a corporation organize er to change its registered office or registere	607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of FLORIDA	
	• •		
	the corporation: SPIRIT OF EXCELLENT L		
2. The principal	office address: 17230 NW 27 AVE, MIAM	I, FLORIDA 33056	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 07/10/2000		
	d street address of the current registered age rtment of State:	ent and registered office on file with the	
	ROBERTSON BROWN, JR		
	20080 NW83 COURT		
	MIAMI, FL 33015	The state of the s	
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	
	COLISTA D. OGBURN		
	17230 NW 27 AVE		
	(P.O. Box NOT acceptable)	, , , , , , , , , , , , , , , , , , , 	
	MIAMI, FL 33056		
The street addras changed will	ess of its registered office and the street as	ddress of the business office of its registered agent,	
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.			
Colu	the DO	Owner/Director	
- (Signat	ure of an officer of director)	(Printed or typed name and title)	
I further agree of my duties, ar document is be	t the appointment as registered agent and to comply with the provisions of all statut nd I am familiar with and accept the oblig ing filed merely to reflect a change in the is been notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
Cali	to De Or	09/09/2004	
	ignature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
	Typed or Printed Name)		

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