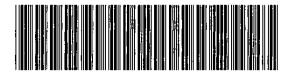
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	JECT: <u>Miami Transit Lounge Corp</u> Name of Corporation
DOC	UMENT NUMBER: <u>P0300000812</u>
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	William Edwards Name of Contact Person
	Miami Transit Lounge Corp Firm/Company
	729 SW 1st Ave Address
	Miami, Fl. 33130 City/State and Zip Code
	Will@transitlounge.us E-mail address: (to be used for future annual report notification)
For fu	urther information concerning this matter, please call:
	William Edwards at (305) 377-4628 Name of Contact Person Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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

1. The name of the corporation: Miami Transit Lounge Corp 2. The principal office address: 729 SW 1st Ave. Miami Florida 33130 3. The mailing address (if different): 4. Date of incorporation/qualification: 01/03/2003 Document number: P03000000812 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) AGUERO, ISABEL C. MS. Z11 SW 26 ROAD MIAMI, FL 33129 US 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): William Edwards P.O. Box NOT acceptable Miami, FL 33130 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. Signifure of an officer or director Printed or typed hame and title
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Signature of an officer or director Signature of an officer or director Signature of an officer or director Only Signature of an officer or director Only Signature of an officer or director
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.
6/5/09
Signature of Registered Agent
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 (8/05)

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