PO7000107961

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Document Number)			
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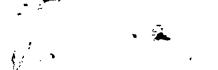
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COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT:	JC LIMOUSING COSP. (Name of Corporation)			
	(Name of Corporation)			
DOCUMENT N	MBER: P07 000 10 7961			
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:				
	TUGN C. Franco (Name of Contact Person)			
	(Name of Contact Person)			
•				
	(Firm/Company)			
	4401 NN 113 Place (Address)			
•	(Address)			
_	Doral FL 33178 (City/State and Zip Code)			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Juga	at (305) 477-1202 ame of Contact Person) at (Area Code & Daytime Telephone Number	····		
(N	me of Contact Person) (Area Code & Daytime Telephone Number	r)		

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 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 State of Fl	Hond A
1. The name of the corporation: TC LIUOUSINE CON	
1. The name of the corporation: 2. The principal office address: 1. The principal office address: 2. The principal office address: 2. The principal office address: 2. The principal office address: 3. The principal office address: 3. The principal office address: 3. The principal office address: 4. The	
3. The mailing address (if different): 5aal aw above	
4. Date of incorporation/qualification: 9/21/2007 Document number: P07	000 10 7961
5. The name and street address of the current registered agent and registered office on file with Florida Department of State:	the
HOCTOR R Franco	af a m
4401 NW 113 Plad	I S
1/octor R FMNCO 4401 NW 113 Plad Doral FC 33178 US	P SI PIO
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	TATE ORIDA
Juan CArlos Franco 4401 NW 113 Place (P.O. Box NOT acceptable)	
(P.O. Box NOT accentable)	
Doral FC 33178 US	
The street address of its registered office and the street address of the business office of its as changed will be identical.	registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an o authorized by the board, or the corporation has been notified in writing of the change.	fficer so
(Signature of photheer or director) Toque As Cled From (Printed or typed name and title)	ano (ab)
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 comp of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereby corporation has been potified in writing of this change.	lete performance agent. Or, if this confirm that the
05/13/08	?
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
Tran CArlos Franco (Typed or Printed Name)	
* * * FILING FFF: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314