521339

Requestor's Name

LUXUNGLIMOUSINA 18393 RICCARDO RU FORT MYERS FL 33912

200002361782--0 -12/03/97--01037--006 *****35.00 *****35.00 Office Use Only

CURPURATION NAIVE(S) & DUCUMENT NUMBER(S), (if known):

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2(Corp	oration Name)	(Doct	ıment #)	
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3. <u>(Corp</u>	oration Name)	(Doct	ıment #)	
4.				
(Согр	oration Name)	(Doct	ıment #)	
☐ Walk in □	Pick up time		Certified Cop	
Mail out	┛ Will wait	Photocopy	Certificate of	Status
NEW FILINGS	AMENDI	VIENTS		
Profit -	Amendment			
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OTHER FILINGS	REGIS	TRATION/		PM 1: 39 PF STATE FEORIDA
Annual Report		FICATION		
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Examiner's Initials

Del 149

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

the undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation is: Luxury Limousine Service of Southwest Florida, Inc	٥.
2. The mailing address of the corporation is: 18393 Riccardo Road, Ft. Myers, FL 33912	
3. Date of incorporation/qualification: 12/24/90 Document number: 521339	
4. The name and address of the current registered agent and office:	
Peter C. Carameta	
1369 Harbor View Drive	
North Fort Myers, FL 33917	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
18393-Riccardo Road	
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.	
(Signature of an officer, chairman or vice chairman of the board) (Date) (LLOYD R. FREDENDALL, President (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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 the duties, and I am familiar with and accept the obligation of my position as	ı
registered agent. (Signature of Rogistered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	