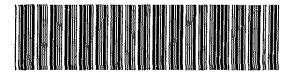
## 619963

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special instructions to Filing Officer:				

Office Use Only



900058140839

08/08/05--01041--002 \*\*35.00



CRACIO

## COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: Diversified Transport, Inc.  (Name of corporation)			
DOCU	JMENT NUMBER: 619963			
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Alferd D. Pilkington (Name of contact person)			
Diversified Transport, Inc.  (Firm/Company)				
	124 Palm Cir (Address)			
Flagler Beach, Florida 32136 (City/state and zip code)				
For fur	ther information concerning this matter, please call:			
Alfred	D. Pilkington at (386 ) 439-0938  (Name of contact person) (Area code & daytime telephone number)			
Enclos	ed 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 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 chang	rovisions of sections 607.0502, 617.0502, i ge is submitted for a corporation organize to change its registered office or registered	
1. The name of the	e corporation: Diversified Transport, Inc	
2. The principal of	office address: 124 Palm Cir Flagler Bea	ach, Florida 32136
3. The mailing add	dress (if different):	
4. Date of incorpo	oration/qualification: May 7 1979	Document number: 619963
5. The name and s Florida Departn	street address of the current registered ager ment of State:	at and registered office on file with the
ם	Deborah L Pilkington	
86	0 Ethan Allen Drive	4.0
F	Palm Coast, Florida 32164	ALL SING
6. The name and s (if changed):	street address of the new registered agent (i	if changed) and /or registered office
A	Alfred D. Pilkington	- Free in
<u>1</u> :	24 Palm Circle	THE TO
	(P.O. Box NOT acceptable)	<del>P</del>
· F	Flagler Beach, Florida 32136	
The street address as changed will be	s of its registered office and the street add e identical.	dress of the business office of its registered agent,
Such change was authorized by the	authorized by resolution duly adopted by board, or the corporation has been notifi	its board of directors or by an officer so ed in writing of the change.
Hebridge		Deborah L Pilkington President
I hereby accept the I further agree to of my duties, and document is being corporation has b	been housed in writing of this change.	(Printed or typed name and title)  gree to act in this capacity, s relative to the proper and complete performance tion of my position as registered agent. Or, if this egistered office address, I hereby confirm that the
/ (Signa	ature of Registered Agent)	(Date)
If signing on beha	alf of an entity:	
Alfra, D	ed or Printed Name)	
(1 yp	KOLOF FERREU NUME)	

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