## POS 000012969

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zīp/Phone	<i>e #</i> )
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		-
		}





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In PA

## **COVER LETTER**

Division of Cor	porations		·
SUBJECT: S-	trategix Trav	Sportation li	<u>n.</u>
DOCUMENT NUMBE	R: PO50000 1	2969	
The enclosed Statement	of Change of Registered O	ffice/Agent and fee are sub	omitted for filing.
Please return all corresp	ondence concerning this m	atter to the following:	
	Janie Kydi (Name of	Contact Person)	
	Strategic Tra	Company)	
!	242 Vizonpi	Lakes # 20	<u> </u>
	Oloce FL (City/Sta	34761 e and Zip Code)	
For further information	concerning this matter, plea	se call:	
James Kyd (Name o	f Contact Person)	at (22) (Area Code & D	279 8276 Daytime Telephone Number)
Enclosed is a \$35.00 ch	eck made payable to the De	partment of State.	
	Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Bui	Corporations

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLOR
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Strategik Transport, Inc.
2. The principal office address: 6159 Metahast Blyd, #204-
Orlando FL 32835
3. The mailing address (if different): 1292 Vizcaya Lakes Road
Ocoec Fi
4. Date of incorporation/qualification: TAN/01/2005 Document number: Posoco 12919
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Jamie Kydd
6159 MetroWest Blvd, # 204
Orlando FL 32835
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Litety P. Morris - New Registered Agent / Owner
* NEW - 1242 VIZCO PO LOKES ROL #201
MAILIND (P.O. Bok NOT acceptable)
Appress Doge FL 34761
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.
(Signature of an officer or director)  Danie Kydd - Director, Specific (Printed or typed name and title)
Vereby 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.
Liliator Propries Nov. 30-2005 (Signature of Registered Agent)
If signing on behalf of an entity:
Lifeth P. Morris (Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)