(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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R. WHITE APR 0 4 2018

TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations
SUBJECT: Highly Blessed Transport, Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jul Rivers (Name of Person)
(Name of Person)
Highly Blessed Transport (Name of Firm/Company)
5882 Windridge Dr. (Address)
Winter Haven Fla. 3388/ (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (863) 221-4/784 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Laneca Sandifort, hereby resign as Vice - pre	sident
of Highly Blessed Transport, Inc. (Name of Corporation)	·
(Document Number, if known) Alorida a corporation organized under the laws of the	e State of
(Signature of resigning officer/director)	
FILING FEE IS \$35.00	PR -2 AH 9: 03

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314