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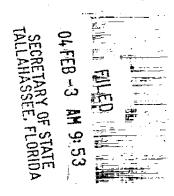
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TRANSPORT BULLETINS, INC (Name of corporation)
DOCUMENT NUMBER: P96 0000 2730 4
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:
CHARLES H. HICKS (Name of person)
(Name of person)
TRANSPORT BULLETINS, INC
(Name of firm/company)
2917 No. CHANDLER DRIVE (Address)
(Address)
HERNANDO, FL 34442
(City/state and zip code)
For further information concerning this matter, please call:
CHARLES H. HICKS at 352 637-6262 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

_	provisions of section tted for a corporat							ent of 1 order	
-	istered office or re	_					"	· Or aci	
1. The name of the	he corporation:	TRANSP	opt Bu	ILLETINS	, 1	ENC.			-
2. The principal	office address:			Springs	•	ATH	· · · · · · · · · · · · · · · · · · ·		_
		FLORAL	CITY,	FL 344	36				
3. The mailing a	ddress (if different):		· · · · · · · · · · · · · · · · · · ·	N.F.			<u> </u>	1 6
4. Date of incorp	oration/qualificati	on: 3/22	96 D	ocument number:	P	960000	2730	4_	·
5. The name and	street address of timent of State:			d registered office	on fil	e with the	-		
-		6 CHAR	LES F	1. HICKS	-	·			<u> </u>
	11760	E. Con	IE Spi	ZINGS PA	111				w .ma
	FLOR	AL CITY	1, EZ	3443	6		=		-
6. The name and (if changed):	street address of t	he new registere	d agent (if ch	anged) and /or reg	gistere	d office	SECRET)4 FEB	-11
	(e	eme)					ARY SSE	ယ်	
	291	7 - No.	CHAND	LER DR	ίν ε		E PF S	AM 9:	٠.
	HER	(P.O. Box or po	ersonal mailbox N	• '	<u> </u>		TATE ORIDA	53	
The street addre	ess of its registered identical.	l office and the	street address	s of the business	office	of its registere	ed agent,	as	
Such change wa	s authorized by recorporation has	solution duly acceen notified in	dopted by its writing of th	board of director e change.	rs or b	y an officer so	authoriz	ed by	
_ Chow		10		CHARLE		H. HIC	23	Pres	ident
I hereby accept I further agree t duties, and I am heino filed mere	ignature of an officer or the appointment o to comply with the familiar with and ly to reflect a cha writing of this ch	as registered age provisions of a faccept the obli	ent and agree Il statutes rei igation of my iered office a	to act in this ca	pacity ar one	typed name and title l complete per agent. Or, if t m that the cor	formance	of my nent is has	e
Wa	eb 44	rèles		2	12	104			
	Signature of Registered half of an entity:	Agent)			•	(Date)			
m signing on be	nan or an Chury.								
	(Typed or Printed Nam	e)	·			(Capacity)		· · · · · · · · · · · · · · · · · · ·	a water of t

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