000069475

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Gentlemen:

Enclosed is the Change of Registered Agent Form together with a check in the amount of \$35.00 to

Alfred H. Haworth, Esq. 2357 Haddon Hall Place Clearwater, Fl 34624

effectuate this change.

September 4, 1997

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*****35.00 *****35.00

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida Statutes, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
toth, in the State of Florida. 1a. The name of the corporation is: BJS TRINSPORT SERVICES INC.
1b. The mailing address of the corporation is: 12895 AUTOMOBILE BLVD. CLEARWATER, FLURIDA 33758
1c. Date of incorporation: AUGUST 11,1997 Document number: P9700069475
2. The name and address of the current registered agent and office: CORPURATION SERVICE COMPANY
1201 HAYS ST. TALLAHASSE E, FL, 32301-2607
3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) TONATHAN HAWORTH 12845 AVTONINBLE BLVD, CLEARWATER, FL, 33758
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)
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, Therebyaccept the appointmentas registered agent and agree to actin 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.
(Signature of Registered Agent) If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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FILING FEE: \$35.00