828723

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SECRETARY OF STATE AULAHASSEE, FLORID

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163108



ON SERVICE COMPANY.					
	ACCOUNT NO.	:	072100000	032	
	REFERENCE	:	650639	7647856	
	AUTHORIZATION	:	Linella	lenan	
	COST LIMIT	:	\$ 65.00		
ORDER DATE :	July 16, 2008				
ORDER TIME :	10:52 AM				
ORDER NO. :	650639-090				
CUSTOMER NO:	7647856				
	-				
CHANGE OF AGENT					
NAME:	C.H. ROBINSO	N CO	MPANY		
PLEASE RETURN	THE FOLLOWING AS	S PR	OOF OF FIL	ING:	
CERTIF					
XX PLAIN	STAMPED COPY				
	. Worthow Cham	~~~			
CONTACT PERSON	: Heather Chap	nαΠ			
	E	IMAX	NER'S INIT	IALS:	

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

	orovisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Delaware
in order	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: C.H. ROBINSON COMPANY
2. The principal	office address: 14701 Charlson Road, Suite 1400, Eden Prairie, MN 55347
	·
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: Sept. 26, 1972 Document number: 828723
	street address of the current registered agent and registered office on file with the tment of State:
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name and (if changed):	Plantation, FL 33324 street address of the new registered agent (if changed) and /or registered office 75.
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Mau	Naureen Cullen, Attorney In Fact
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
By MICA	Service Company Lelle R January (Date) Service Company (Date)
If signing on be	half of an entity:
Michelle R. Vann	noy, Asst. Vice President
T)	yped 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)