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Tor

Division of Corporations

Fax Number : (850)617-6380

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Rmail Address:

REGISTERED AGENT CHANGE XPO INTERMODAL, INC.

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J. HORNE

APR 6 2022

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

OHITCINEIL OF CILL	rige is submitted for a corporation orga	502, 607,1508, or 617.1508, Florida Statute anized under the laws of the State of <u>Flor</u> ids	
in orde	r to change its registered office or regis	stered agent, or both, in the State of Florida	
	he corporation: XPO INTERMODAL, I		
2. The principal	office address: 5165 EMERALD PARK	WAY STE 300, Dublin, OH 43017	
3. The mailing as	ddress (if different): ATTN: Tax Depart	ment, 2055 NW Savier Street PORTLAND, O	R 97209
4. Date of incorp	oration/qualification: 05/21/2013	Document number: F13000002236	
The name and	street address of the current registered ment of State: (If resigned, enter resign	arrent and major Laurence	
	REGISTERED AGENT SOLUTIONS, I	NC.	
	155 OFFICE PLAZA DR., SUITE A		
	TALLAHASSEE, FL 32301-2525		Z
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered office	SECRETARY
-	Corporate Creations Network Inc.	256	ARY
8	301 US Highway 1		OF ₹
	P.O. Bo North Palm Beach, FL 33408	NOT acceptable	1 8: 56 STATE
The street address as changed will b	s of its registered office and the street	address of the business office of its registe	red agent,
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been not	l by its board of directors or by an officer s tified in writing of the change.	0
	TBM	Tiffany Meeker, Attorney-in-Fact	
	of in officer of director e appointment as registered agent and comply with the provisions of all statu I am familiar with and accept the obliv filed merely to reflect a change in the een notified in writing of this change.	Printed or typed name and title If agree to act in this capacity, tles relative to the proper and complete per gation of my position as registered agent, registered office address, I hereby confir	formance Or, if this n that the
•	78M	04/05/2022	
Signati	re of Registered Agent	Date	
f signing on behai	lf of an entity:		
Fiffany Meeker, Sp	agial Commen.		
	ecial Secretary		

FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314

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