

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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date - 3/8/2012*

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

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**REGISTERED AGENT CHANGE
CONCERT GROUP LOGISTICS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

*RA/Rodch
@ 3/23/12*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Concert Group Logistics, Inc.
Name of Corporation

DOCUMENT NUMBER: F08000002311
F08000002311

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:

Riina Tohyert
Name of Contact Person

XPO Logistics, Inc.
Firm/Company

9 Greenwich Office Park
Address

Greenwich, CT 06831
City/State and Zip Code

riina.tohyert@xpologistics.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Riina Tohyert at (203) 930-1460
Name of Contact Person Area Code & Daytime Telephone Number

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

CR2E045 (8/05)

850-817-8381

3/8/2012 3:30:01 PM PAGE 1/001 Fax Server



March 8, 2012

FLORIDA DEPARTMENT OF STATE
Division of CorporationsCONCERT GROUP LOGISTICS, INC.
429 POST RD.
BUCHANAN, MI 49107SUBJECT: CONCERT GROUP LOGISTICS, INC.
REF: F08000002311

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist IIFAX Aud. #: H12000062186
Letter Number: 712A00008867

RECEIVED

12 MAR 23 AM 8:01

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Concert Group Logistics, Inc.
2. The principal office address: 429 POST RD, BUCHANAN, MI 49107
3. The mailing address (if different): 429 POST RD, BUCHANAN, MI 49107
4. Date of incorporation/qualification: 01/22/2008 Document number: PO800002311
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Corporation Service Company
1201 Hays Street, Tallahassee, FL 32301-2525
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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, or the corporation has been notified in writing of the change.


Signature of an officer or director

Gordon B. Devens, Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: C T Corporation System
Michael Malkowski
Signature of Registered Agent

03/01/2012

Date

If signing on behalf of an entity:

Michael Malkowski

Typed or Printed Name

Michael Malkowski
Assistant 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

CR2B045 (3/05)

12 MAR - 8 PM 4:11
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE