

300065365413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

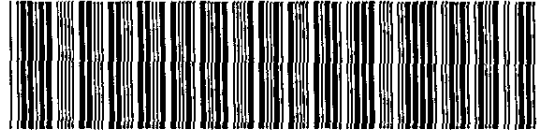
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 808852 7516354

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 12, 2006

ORDER TIME : 9:48 AM

ORDER NO. : 808852-280

CUSTOMER NO: 7516354

CHANGE OF AGENT

NAME: EGL EAGLE GLOBAL LOGISTICS, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS: _____

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. EGL EAGLE GLOBAL LOGISTICS, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/09/2000

Date of filing/registration in Florida

3. B000000000033

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Maureen Cullen

Signature of General Partner

Maureen Cullen, Authorized Person on behalf of EGL Management, LLC - General Partner

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 an accept the obligations of my position as registered agent.

By: Cynthia L. Harris

Signature of Registered Agent

**Cynthia L. Harris
as its agent**

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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