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To:

Division of Corporations

Fax Number

: (850)617-6380

SEP 07 2017

Account Name

: REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number

: (888)706-7274

R. WHILE

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

Email Address:

MERCEN PROPERTY.

## REGISTERED AGENT CHANGE CON-WAY MULTIMODAL INC.

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SEP -6 AM 8: 22

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FL



TO: Amendment Section Division of Corporations

SUBJECT CON-WAY MULTIMODAL INC.

Name of Corporation

50000006364

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:

Mary Cästillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

888

705-7274

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 (03/12)

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CR2E045 (03/12)

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

		ns 607.0502, 617.0502, 607.1508, or 617.1508, Florida St		
tatement of char in order	ige is submitted fo to change its regi	r a corporation organized under the laws of the State of $\overline{\mathbb{D}}$ stered office or registered agent, or both, in the State of $Fl$	ELAWARE orida,	
 	   C C.	ON-WAY MULTIMODAL INC.		
The name of the	action address: 22	11 OLD EARHART ROAD		
ANN ARBOR		MI 48105		
		C/O XPO LOGISTICS 5 AMERICAN LANE		
	WICH, CT 068			
		03/14/2017 Document number: F00000	006364	
5. The name and	street address of t	l he current registered agent and registered office on file wit resigned, enter resigned)	h the	
	CORPORATI	ON SERVICE COMPANY	<b>元</b> 7 S	
	1201 HAYS S	TREET	FILE P-6 AM	
	TALLAHASS	EE, FL 32301-2525		
6. The name and (if changed):	street address of t	e new registered agent (if changed) and /or registered office &		
[1]		gent Solutions, Inc.	7. F	
		P.O. BOX NOT acceptable		
	Tallahassee			
as changed will	he identical.	office and the street address of the business office of its		
Such change wa authorized by th	is authorized by re ie board, or the co	Solution duly adopted by its board of directors or by an or riporation has been notified in writing of the change.	officer so	
/s/ Riina T		Riina Tohvert	Assistant Secretary	
I hereby accept I further agree performance of	to comply with the my duties, and I do in documentals ha	as registered agent and agree to act in this capacity. The provisions of all statutes relative to the proper and coming familiar with and acceptione obligation of my position by filed merely to reflect a change in the registered officion has been notified in writing of this change.	plete	
Sig	many of Registered Ag			
If signing on be	the of an entity:			
Justine Karr		nt Secretary		
Ϋ	yped or Printed Name	* * * FILING FEE: \$35.00 * * *		
	MAKECH			
N:1	AIL TO: DIVISION	of Corporations, P.O. Box 6327, Tallahassee, FL 3	2314	