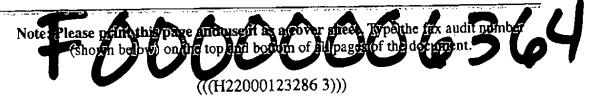
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet





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

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REGISTERED AGENT CHANGE CON-WAY MULTIMODAL INC.

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Corporate Filing Menu

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A BUTLER

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

минетель от сп	lange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida St ganized under the laws of the State of <u>F</u> gistered agent, or both, in the State of Flo	lorida	
	the corporation: Con-way Multimodal		n suu.	
2. The principa	1 office address: 5165 EMERALD PAR	KWAY STE 300, Dublin, OH 43017		
3. The mailing	address (if different): ATTN: Tax Dep	artment, 2055 NW Savier Street PORTLAN	D, OR 972	.09
4. Date of incom	poration/qualification: 11/15/2000	Document number: F00000006	364	
5. The name an		ed agent and registered office on file with		
	REGISTERED AGENT SOLUTIONS	, INC.		
	155 OFFICE PLAZA DR., SUITE A		\$E0	2027
	TALLAHASSEE, FL 32301-2525		JTT/	2022 APR
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		ARY OF WHASSE	-5 AM	
	Corporate Creations Network Inc.		EE'S]	ο <u>:</u> ≖
	801 US Highway I		ATE FL	. t 5
	P.O. North Palm Beach, PL 33408			
The street address changed will	as of its registered office and the stre	et address of the business office of its re	gistered a	ig e nt,
Such change was authorized by th	is authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an off notified in writing of the change.	icer so	
	TBM	Tiffany Meeker, Attorney-in-Fact		
I hereby accept I further agree t of my duties, and document is bei	vol an ottoer or director the appointment as registered agent of o comply with the provisions of all st d I am familiar with and accept the o ng filed merely to reflect a change in been notified in writing of this chang	Proted or typed same and title and agree to act in this capacity, atutes relative to the proper and comple bligation of my position as registered as	ete perform zent. Or i onfirm tha	nance if this it the
	TBM	04/05 <i>/2</i> 022		
Sign	nature of Registered Agent	Date		_
if signing on bel	nalf of an entity:			
Tiffany Moeker, S	Special Secretary			
Ty	ped 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
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