F04000005965

·				
(Requestor's Name)				
(Address)				
(Address)				
(Mariess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiliess Efficy Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



600094176396

SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

AND

04/02/07--01011--007 **35.00

TO ACKNOWLEDGE SUFFICIENCY OF FILIN DEPARTMENT OF STATE
DIVISION OF CORPORATION

2007 APR -2 AN II: 2:

R.A. Charge

C. Goulliette APR 0 2 2007



1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

April 2, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 6888191 SO

Customer Reference 1: Velocity Express COA

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Velocity Express, Inc. (DE) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy
Fulfillment Specialist
jennifer.murphy@wolterskluwer.com

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

statement of cha	nge is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statutes, unized under the laws of the State of Delaward stered agent, or both, in the State of Florida.	
		sterea agent, or both, in the State of Florida.	
	the corporation: Velocity Express, Inc.		
2. The principal	office address: ONE MORNINGDALE	DRIVE, WESTPORT CT 06880	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/19/2004	Document number: F6400000	5965
5. The name and		agent and registered office on file with the	
	CORPORATION SERVICE COMPAN	Y	
	1201 HAYS STREET / TALLAHASSE	E FL 32301-2525	•
6. The name and (if changed):	·	ent (if changed) and /or registered office	. SE
	C T Corpora	ation System	APR -
c/o C T Corporation System, 1200 South Pine Island Road			
	(P.O. Box NOT acceptab		RY OF SSEF.F
· = -		et address of the business office of its regist	
Such change was authorized by the	as authorized by resolution duly adopt ne board, or the corporation has been t	ted by its board of directors or by an officer notified in writing of the change.	so
	ire of an officer ordirector)	Charles W. Meyer, Atty	
		and agree to act in this capacity, atutes relative to the proper and complete p bligation of my position as registered agent the registered office address, I hereby confi te.	erformance Or, if this rm that the
By: Mal	C T Corporation System O () Moule gnature of Registered Agent)	March 7, 2003 (Date)	
If signing on be	half of an entity:		
Charles W. Meye	er		
(1	yped or Printed Name)		
	* * * FILING F	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FL006 - 09/14/2005 C T System Online

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