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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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COVER LETTER

10:	Amendment Section Division of Corporations		
SUBJ	VPO Customa C	learance Soluti	ons, Inc.
0020		(Name of Corporation)	
DOC	UMENT NUMBER: F04000	006021	
The er	aclosed withdrawal application and	fee are submitted for fili	ng.
	return all correspondence concernint to the following:	g this	
	Candice Callins		
		(Name of Person)	
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Candice Callins at (888)		at (888) 70	95-7274
Enclos	(Name of Person) sed is a check for the amount:		& Daytime Telephone Number)
/ \$35	Filing Fee \$\int \$43.75 \text{ Filing Fee & Certificate of Status}	S43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314	7 C 2	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

XPO Customs Clearance Solu	utions, Inc.		
(Name of Corporation)			
F0400006021			
(Document Number of Corporation	(if known)		
New York			
(Incorporated Under Laws	of)		
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct. This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceed the time it was authorized to transact business or conduct affairs in	affairs in Florida. Florida to accept servicess based on a cause of a	ce on its be	ehalf and
The following is a current mailing address for the corporation:		7	_
Attn., Legal Dept., 2211 Old E	arhart Road		
(Mailing Address)			: 3
Ann Arbor, MI 48105			0: 17
(City/ State /Zip)		,	
The corporation agrees to notify the Department of State in the fut (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ure of any change in its r 7/11/17 (Date)	mailing add	ress.
Riina Tohvert	Assistant S	ecreta	ıry
(Typed or printed name of person signing)	(Title of persor	i signing)	

FILING FEE \$35