

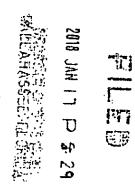
(Requestor's Name)				
(Address)				
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	5. 5.			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

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JAN 1 9 2018 T. LEASIEUX





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 15, 2018

Order#: 010240-004

Re: CHOICE LOGISTICS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX\_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 6, nge is submitted for a corporation r to change its registered office or	organized under the la	rws of the State of New York		
1. The name of t	he corporation: CHOICE LOGIST	TICS, INC.			
2. The principal	office address: 1 Whitehall Street	, 12th Floor, New York	NY 10004		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 10/02/2009	9 Document	number: F09000003913		
	street address of the current regist tment of State: (If resigned, enter t		ed office on file with the		
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation, FL 33324				
6. The name and (if changed):	street address of the new registere	ed agent (if changed) ar	ad /or registered elece		
	Corporation Service Company 1201 Hays Street				
	P.O. B Tallahassee	ox NOT acceptable	32301		
The street addre	ss of its registered office and the be identical.	street address of the bu	ين من المعلقة siness office of its registered agent,		
	s authorized by resolution duly ac e board, or the corporation has be				
Jill Cilmi, Vice President  Printed or typed name and title					
I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agono comply with the provisions of a my duties, and I am familiar with s document is being filed merely that the corporation has been not in Service Company	ll statutes relative to th and accept the obligat to reflect a change in t	ne proper and complete ion of my position as registered he registered office address. I		
By:	sature of Registered Agent	01/15/2018	Date		
	nalf of an entity:		174111		
	Asst. Vice President				
	ped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*