

F 11000001444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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R. WHITE

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13 JAN 16 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PACER SERVICES, INC. d/b/a Pacer United Services, Inc.

Name of Corporation

DOCUMENT NUMBER: F11000001444

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:

JOELLE CHURIK

Name of Contact Person

NRAI CORPORATE SERVICES, INC.

Firm/Company

200 WEST ADAMS STREET, SUITE 2007

Address

CHICAGO, IL 60606

City/State and Zip Code

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

For further information concerning this matter, please call:

JOELLE CHURIK

at (312) 346-3606

Name of Contact Person

Area Code & Daytime Telephone Number

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)

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

**Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: PACER SERVICES, INC. doing business in Florida as Pacer United Services, Inc.
2. The principal office address: 6805 PERIMETER DRIVE, DUBLIN, OH 43016
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/04/2011 Document number: F11000001444
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

515 East Park Avenue,

P.O. Box NOT acceptable

Tallahassee, Florida 32301

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Charles T. Maghes, Jr.
Signature of an officer or director

12/6/2012

Charles T. Maghes, Jr., Assistant Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By:

NRAI Services, Inc.

Joelle Churik
Signature of Registered Agent

1/13/2013
Date

If signing on behalf of an entity:

Joelle Churik, Assistant Secretary

Typed 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

CR21:045 (03/12)

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Signature of an officer or director

Charles T. Maghes, Jr., Assistant Secretary
Printed or typed name and title

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Signature of Registered Agent

1/13/2013
Date

If signing on behalf of an entity:

Joelle Churik, Assistant Secretary
Typed or Printed Name

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

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