

7/20/22, 1:29 PM

Division of Corporations

**F130000002236**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H22000246202 3)))



H220002462023ABCU

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

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Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
XPO INTERMODAL, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

PLEASE HONOR THE ORIGINAL SUBMISSION DATE OF 7/20/2022

Electronic Filing Menu

Corporate Filing Menu

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**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F13000002236

(Document number of corporation (if known))

1. XPO INTERMODAL, INC.  
 (Name of corporation as it appears on the records of the Department of State)
2. Tennessee 3. 05/21/2013  
 (Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 05/03/2022
5. STG Intermodal, Inc.  
 (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
 (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Chase Welsh - Chief Administrative Officer

(Typed or printed name of person signing)

(Title of person signing)

**FILING FEE \$35.00**



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
**State of Tennessee**  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CFS  
STE B  
992 DAVIDSON DR  
NASHVILLE, TN 37205-1051

**Request Type: Certified Copies**  
**Request #:** 485484

**Issuance Date:** 07/18/2022  
**Copies Requested:** 1

**Document Receipt**

**Receipt #:** 007383466 **Filing Fee:** \$20.00  
**Payment-Account -** #71708 CAPITAL FILING SERVICE, INC , NASHVILLE, TN **\$20.00**



I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **STG Intermodal, Inc., Control # 22491** was formed or qualified to do business in the State of Tennessee on 11/04/1974. STG Intermodal, Inc. has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

*Tre Hargett*  
Tre Hargett  
Secretary of State

**Processed By:** Stephanie Booker

The attached document(s) was/were filed in this office on the date(s) indicated below:

<u>Reference #</u>	<u>Date Filed</u>	<u>Filing Description</u>
B1163-5072	05/03/2022	Articles of Amendment

<div style="text-align: center;">  <p><b>State of Tennessee</b></p> <p><b>Department of State</b> Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243</p> </div>	<p><b>ARTICLES OF AMENDMENT TO THE CHARTER (For-Profit)</b></p>	<p><i>For Office Use Only</i></p>
<p><b>CORPORATE CONTROL NUMBER (IF KNOWN) 000022491</b></p>		
<p>PURSUANT TO THE PROVISIONS OF SECTION 48-20-106 OF THE TENNESSEE BUSINESS CORPORATION ACT, THE UNDERSIGNED CORPORATION ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS CHARTER:</p>		
<p>1. PLEASE INSERT THE NAME OF THE CORPORATION AS IT APPEARS OF RECORD:  <u>XPO Intermodal, Inc.</u>          IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:  <u>STO Intermodal, Inc.</u></p>		
<p>2. PLEASE MARK THE BLOCK THAT APPLIES:</p> <p><input checked="" type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.  <input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE, _____ (MONTH, DAY, YEAR)          (NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING</p>		
<p>3. PLEASE INSERT ANY CHANGES THAT APPLY:</p> <p>A. PRINCIPAL ADDRESS: _____  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>CITY</span> <span>STATE / COUNTRY</span> <span>ZIP CODE</span> </div></p> <p>B. REGISTERED AGENT: _____</p> <p>C. REGISTERED ADDRESS: _____  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>CITY</span> <span>STATE</span> <span>ZIP CODE</span> <span>COUNTRY</span> </div></p> <p>D. OTHER CHANGES: _____</p>		
<p>4. THE CORPORATION IS FOR PROFIT.</p>		
<p>5. THE MANNER (IF NOT SET FORTH IN THE AMENDMENT) FOR IMPLEMENTATION OF ANY EXCHANGE, RECLASSIFICATION, OR CANCELLATION OF ISSUED SHARES IS AS FOLLOWS:</p>		
<p>6. THE AMENDMENT WAS DULY ADOPTED ON <u>April 29, 2022</u> ( MONTH, DAY, YEAR)          BY (Please mark the block that applies):</p> <p><input type="checkbox"/> THE INCORPORATORS WITHOUT SHAREHOLDER ACTION, AS SUCH WAS NOT REQUIRED.  <input checked="" type="checkbox"/> THE BOARD OF DIRECTORS WITHOUT SHAREHOLDER APPROVAL, AS SUCH WAS NOT REQUIRED.  <input type="checkbox"/> THE SHAREHOLDERS.</p>		
<p>Chief Administrative Officer SIGNER'S CAPACITY</p> <p><u>5/2/2022</u> DATE</p>	<div style="text-align: center;">             SIGNATURE         </div> <p><u>Chase Welsh</u> NAME OF SIGNER (TYPED OR PRINTED)</p>	
<div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>SS-4421 (Rev. 10/01)</span> <span>Filing Fee: \$20.00</span> <span>RDA 1678</span> </div>		

B1163-5072 05/03/2022 2:24 PM Received by Tennessee Secretary of State The Hargett