Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000230908 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 : (888)706-7274 Fax Number

Enter the email acdress for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

REGISTERED AGENT CHANGE XPO LOGISTICS FREIGHT, INC.

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TO: Amendment Section Division of Corporations

XPO LOGISTICS FREIGHT, INC.

Name of Corporation

F94000006311

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

1701 Directors Blvd. Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

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

FLH17000230908 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a	corporation organi	2, 607,1508, or 617,1508, Florid ized under the laws of the State red agent, or both, in the State	of DELAWA		
1. The name of t	he corporation: XPO	LOGISTICS F	REIGHT, INC.			
2. The principal	office address: 2211	OLD EARHAR	RT ROAD	· ·		
ANN ARE		MI	48105			
	ddress (if different): 5		ANE			
	WICH, CT 06831	.				
4. Date of incorp	ooration/qualification:	11/30/1994	Document number: F94	0000063	11	
	l street address of the c tment of State: (If resi		gent and registered office on filed)	e with the		
	THE PRENTICE	-HALL CORPO	DRATION SYSTEM INC			
	1201 HAYS STF	REET		_	17	Z.5. .36_
	TALLAHASSEE	, FL 32301			ا <u>بر</u> زز	建
6. The name and (if changed):			nt (if changed) and /or registered	i office	N. C. 28 (1410): 60	いれる。
	Registered Age	ent Solutions, I	nc.		<u></u>	
	155 Office Plaza Dr., Suite A					
P.O. BOX NOT acceptable						ر.*
	Tallahassee, F	_ 32301				
The street address changed will	ess of its registered of be identical.	fice and the street	address of the business office of	of its registe	ered age	nt,
Such change wa authorized by the	as authorized by resol he board, or the corpo	ution duly adopted ration has been no	by its board of directors or by tified in writing of the change.	an officer s	¢0	
/s/ Riina To	ohvert		Riina Tohvert		3/2017	-
I hereby accept I further agree performance of	to comply with the profine duties, and Lam f is documentals being	ovisions of all stati amiliar with and a filed merely to refl	Printed or typed name and agree to act in this capacity, utes relative to the proper and ecept the obligation of my postect a change in the registered on writing of this change.	complete ition as regi	isterod 88, I	
			08/18/2017			
	mands of Registered Agent that of an entity:		Date :			-
Justine Karr	nell - Assistant Syped or Printed Name	Secretary				