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(((H170000595943)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

mail Addr	ess:			

REGISTERED AGENT CHANGE FEDEX SUPPLY CHAIN, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

SUBJECT:	Name of Corporation
DOCUMENT	NIMBER
	atement of Change of Registered Office/Agent and fee are submitted for filling.
	correspondence concerning this matter to the following:
•	Sandra Heckert, Contract/Legal Manager
	Name of Contact Person
	Firm/Company 700 Cranberry Woods Drive
	Address Cranberry Township, PA 16066
	City/State and Zip Code sandra.hockert@fedex.com
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
Sandra Heckert	724 720-3838
. N	lame of Contact Person Area Code & Daytime Telephone Number

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

statement of ch	ange is submitted for a corporat	l, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of	
1. The name of	the corporation: FedEx Supply C	hein, Inc.	
2. The principa	office address: 700 Cranberry W	oods Drive, Cranberry Township, PA 16066	
3. The mailing	address (if different):		.;;
4. Date of incor	rporation/qualification: 12/5/199	5 Document number:	
	d street address of the current repartment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)	
	InCorp S ervicedne.		17
	17888 67th Court North		HA.
	Loxahatchee, FL 33470	Vis.	-2
6. The name and (if changed):		ered agent (if changed) and /or registered office	₩ IO: 51
	c/o C T Corporation S ystem,120	0 S outiPine Island Road	
), Box NOT acceptable	
	Plantation, Florida 33324		
l'he street address changed will	ess of its registered office and the identical.	ne street address of the business office of its registered a	genit,
		adopted by its board of directors or by an officer so been notified in writing of the change.	
	MALAN	C. Edward Klank III, Assistant Secretary	
	the appointment as registered of the appointment as registered of the comply with the provisions of my dulies, and I am familiar wi is document is being filed merel that the corporation has been n	Printed or typed name and title ggent and agree to act in this capacity, fall statutes relative to the proper and complete th and accept the obligation of my position as registered by to reflect a change in the registered office address, I otified in writing of this change.	 f
	noration's ystem	2/24/2017	
Sig	withre of Registered Agent	Dato	
if signing on be James M. Halpi Assistant Secretary			
	yped 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, F.L. 32314
CR2E045 (03/12)