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R.A. Charge

O. Gostilation JUL 2 8 2001



BATION SERVICE COMPANY ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION : O

COST LIMIT : \$ 35.00

ORDER	DATE	:	July	16,	2008

ORDER TIME : 9:26 AM

ORDER NO. : 650639-095

CUSTOMER NO: 7647856

CHANGE OF AGENT

NAME: C.H. ROBINSON COMPANY INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Minnesota retrievely to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: C.H. ROBINSON TRANSPORTATION COMPANY INC.
2. The principal	office address: 14701 Charlson Road, Suite 1400, Eden Prairie, MN 55347
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: December 27, 1999 Document number: F99000006699
	d street address of the current registered agent and registered office on file with the rtment of State:
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324 Plantation, FL 33324
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, i be identical.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Maur	Maureen Cullen, Attorney In Fact
I hereby accept I further agree of my duties, an document is bei corporation has Corporation By:	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speed to be notified in writing of this change. Service Company Grature of Registered Agent) (Printed or typed name and title) (Printed or typed name and title) (Printed or typed name and title) (Printed or typed name and title)
If signing on be	chalf of an entity:
Michelle R. Van	anoy, Asst. Vice President
(°	Typed or Printed Name)

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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