Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

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

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

Ema11	Address:	

LLC REGISTERED AGENT CHANGE RXO CAPACITY SOLUTIONS, LLC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RXO CAPACITY S Name o	SOLUTIONS, LLC f Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Mary Castillo		
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company		
5301 Southwest Pkwy, Suite 400		
Address		
Austin, Texas 78735		
City/State and Zip Code		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, plea	ase call:	
Mary Castillo	at (888) 705-7274	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following am	ount:	

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: RXO CA	PACITY SOLI	JTIONS, LLC
2. (a)	11215 N COMMUNITY HOUSE	_(b) 11215	N COMMUNITY HOUSE
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:
		CLIAE	(<u>Note: MAY BE POST OFFICE BOX</u>)
	CHARLOTTE, NC 28277	RLOTTE, NC 28277	
	10/19/2012	M1200	0005875
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	REGISTERED AGENT SOLTU	TIONS, INC.	
•	Registered Agent and Registered Office shown on the records 155 OFFICE PLAZA DR	- e:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	-
	SUITE A		
	TALLAHASSES	_{FL} 32301	•
			2023
(b) Registered Agent Solutions, Inc.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	APPRO AN FILI 1023 JUL 13 SECRETAR SECRETAR SECRETAR SECRETAR
	2894 Remington Green Ln.		
	NEW Registered Office Address:		
	Ste. A		2: 23 [ARE]
	Tallahassee	_{FL} 32308	
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t	of the registered office I liability company, it is sof the limited liabilith the limited liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
/s/	Louis J. Amo	Louis J. Amo,	
I here provis the ob to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and a cions of all statutes relative to the proper and completing tions of my position as registered agent as provingly reflect a change in the registered office address, and in writing of this change. Mackenzie Hibler, Assistant Secretaire of Registered Agent	ele performance of my ded for in Chapter 603 I hereby confirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed