

MIS 00000069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

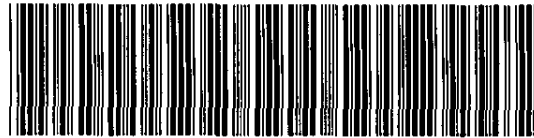
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 APR 24 PM 3:47

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TALLAHASSEE, FLORIDA

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**DATE: 4/24/2015**

**NAME: PACER STACKTRAIN, LLC**

**TYPE OF FILING: AMENDMENT**

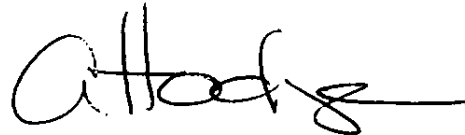
**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pacer Stacktrain, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

vicki.neumiller@xpo.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Pacer Stacktrain, LLC
2. The Florida document number of this limited liability company is: M15000000869
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 2/3/15

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: XPO Stacktrain, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

City

\_\_\_\_\_, Florida

Zip Code

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

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
- \_\_\_\_\_

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TALLAHASSEE, FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Signature of the authorized representative

Gordon E. Devens

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

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15 APR 24 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "PACER STACKTRAIN, LLC", CHANGING ITS NAME FROM "PACER STACKTRAIN, LLC" TO "XPO STACKTRAIN, LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF APRIL, A.D. 2015, AT 6:48 O'CLOCK P.M.

FILED  
15 APR 24 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5665898 8100

150523527

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2299100

DATE: 04-17-15

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 06:49 PM 04/16/2015  
FILED 06:48 PM 04/16/2015  
SRV 150523527 - 5665898 FILE

CERTIFICATE OF AMENDMENT  
OF  
CERTIFICATE OF FORMATION  
OF  
PACER STACKTRAIN, LLC

1. The name of the limited liability company is Pacer Stacktrain, LLC.
2. Paragraph 1 of the Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Company is XPO Stacktrain, LLC.

3. This Certificate of Amendment shall be effective upon filing.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment this 8th day of April, 2015.

Pacer Transportation Solutions, Inc., sole member,

By: Riina Tohver  
Riina Tohver, Assistant Secretary

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15 APR 24 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA