

M 1500009589

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

Resubmission, please keep file
 date of 07/21/2017.

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 future annual report mailings. Enter only one email address please.****

Email Address: _____

17 JUL 21 PM 12:13
 DIVISION OF CORPORATIONS
 STATE OF FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 FEDEX SUPPLY CHAIN TRANSPORTATION MANAGEMENT LLC**

Certificate of Status		0
Certified Copy		0
Page Count		05
Estimated Charge		\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help M. MILLIGAN

AUG 02 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FedEx Supply Chain Transportation Management 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

sandra.heckert@fedex.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

CR2E055 (9/15)

**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: FedEx Supply Chain Transportation Management LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000009589

3. Jurisdiction of its organization: Wisconsin

4. Date authorized to do business in Florida: 11/30/2015

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

5. New name of the limited liability company: FedEx Supply Chain Transportation Management 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 officer 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

_____, Florida _____
City 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

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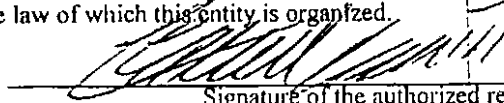
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

C. Edward Klank III

Typed or printed name of signee

Filing Fee: \$25.00

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION
OF A WISCONSIN LIMITED LIABILITY COMPANY "FEDEX SUPPLY CHAIN
TRANSPORTATION MANAGEMENT LLC" TO A DELAWARE LIMITED LIABILITY
COMPANY "FEDEX SUPPLY CHAIN TRANSPORTATION MANAGEMENT LLC", WAS
FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF JUNE, A.D.
2017, AT 1:56 O'CLOCK P.M.

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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6453432 8317F
SR# 20175007703

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202800981
Date: 06-28-17