## M17 000 005 895

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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-2025 MAY 22 PM 3: 57

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 220637 8463709

AUTHORIZATION :

COST LIMIT : \$ 25.00

The state of the s

ORDER DATE : May 8, 2025

ORDER TIME : 2:21 PM

ORDER NO. : 220637-130

CUSTOMER NO: 8463709

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: RXO CUSTOMS CLEARANCE

SOLUTIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

## 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	lame of the limited liability company:RXO CUSTOM	IS CLEAR	RANCE SOL	_UTIONS, LLC		
2. (a)	200 GERZEVSKE LANE	(b) 290 GER				
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			failing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
	CAROL STREAM, IL 60188		CAROL S	STREAM, IL 60188		
	07/12/2017		M1700000	5895		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	)					
· ·	Registered Agent and Registered Office shown on the records o	of the Florida	Dept. of State	e:		
	REGISTERED AGENT SOLUTIONS, INC.			_		
	Registered Office Address					•.
	2894 REMINGTON GREEN LANE SUITE A					
	TALLAHASSEE	. 32308		-		[3
	F	T		<del>-</del>	•	
/ <b>l</b> - \				•	•	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office ad	dress:	_		· <del>-</del>
			<del></del>	•	•	,
	Corporation Service Company					
	NEW Registered Office Address:	-				
	1201 Hays Street			_		
	Tallahassee	32301				
	, F	L_32301		_		
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registere liability co of the lim	ed office and mpany, it is ited liability	d the business office o s hereby confirmed tha y company or as other	of the r at the o	registered change(s)
/S/ CHARLENE ANDERSON CI			CHARLENE ANDERSON, AUTHORIZED PERSON			
Signature of a member or authorized representative of a member			Printed or typed name of signee			
provis the of to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	gree to act e performe ed for in C hereby co	in this cape ince of my o Thapter 605 onfirm that i	acity. I further agree i duies, and I am famili i, F.S. Or, if this docu the limited liability co	to com iar wit ment i mpany	iply with the h and accept is being filed has been

ent

GRACE E. KIRBY, ASST. VICE PRESIDENT