## PILLOCOCO 239

	(Requestor's Name)			
	(Address)			
<del></del>	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of 9	Status		
Special Instructions to Filing Officer:				

Office Use Only



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2019 MAR 29 PM 3: 47

C. GOLDEN APR - 6 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: March 27, 2019

Order#: 693012/012

Re: PACER PARTNERS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	unge is submitted for a corpore	12, 617,0502, 607,1508, or 617,1508, Flo ution organized under the laws of the Sta we or registered agent, or both, in the Stat	te of Florida
		•	•
2. The principal	office address. C/O PACER P	TNERS, INC.	
12 PARKING	G WAY, SUITE 200, COHASS	SET, MA 02025	
3. The mailing a	nddress (if different):		
4. Date of incor	poration/qualification: 12/31/2	2013 Document number: P14	4000000239
5. The name and		registered agent and registered office on t	
	National Registered Agents,	Inc., C/O National Registered Agents	
	1200 SOUTH PINE ISLAND	ROAD	2019
	PLANTATION, FL 33324		
6. The name and (if changed):		stered agent (if changed) and /or register	ed office
	Corporation Service Compar	ny	PH 3: 17
	1201 Hays Street		<b>7</b>
		O Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and be identical.	the street address of the business office	of its registered agent.
Such change wa authorized by th	is authorized by resolution du ne board, or,the corporation ha	ly adopted by its board of directors or bas been notified in writing of the change	y an officer so
	Jon Bourbeau, President		
7 / I hereby accept I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions my duties, and I am familiar v is document is being filed mer	Profiled of typed name I agent and agree to act in this capacity of all statutes relative to the proper and with and accept the obligation of my po- ely to reflect a change in the registered notified in writing of this change.	l complete sition as revistered
By: Drace		03/22/2019	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
Ty	ped or Printed Name		

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