P34258

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PARLANASSE FLORI



ON SERVICE COMPANY.			
ACCOUNT NO.	: 072100000032		
REFERENCE	: 650639 7647856		
AUTHORIZATION	: Spulle cle man		
COST LIMIT	/ N		
ORDER DATE : July 16, 2008			
ORDER TIME : 10:52 AM			
ORDER NO. : 650639-085			
CUSTOMER NO: 7647856			
CHANGE OF AGENT			
NAME: C.H. ROBINSO	N INTERNATIONAL,		
PLEASE RETURN THE FOLLOWING A	S PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Heather Chap	man		
E.	XAMINER'S INITIALS:		

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

statement of cha	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Minnesota r to change its registered office or registered agent, or both, in the State of Florida.		
	he corporation: C. H. ROBINSON INTERNATIONAL, INC.		
2. The principal	office address: 14701 Charlson Road, Suite 1400, Eden Prairie, MN 55347		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: June 11, 1991 Document number: P34258		
	street address of the current registered agent and registered office on file with the tment of State:		
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	Plantation, FL 33324 street address of the new registered agent (if changed) and /or registered office Corporation Service Company 1201 Hays Street		
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.		
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.		
Mour	Maureen Cullen, Attorney In Fact (Printed or typed name and title)		
	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.		
By Mich	Service Company LULY 22 2408 (Date)		
If signing on bel	half of an entity:		
Michelle R. Vanı	noy, Asst. Vice President		
(T	yped or Printed Name)		
	* * * FILING FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)