DOC ID ----> 202516901322

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
06/18/2025	202516901322	SUBSEQUENT AGENT APPOINTMENT (LSA)	25.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CFD SERVICE COMPANY, INC.
ATTN: CONNOR P. NOONAN
1300 EAST NINTH ST. 20 FL, ATTN:MRR
CLEVELAND, OH 44114

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
1048079

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

LEXINGTON INTERMODAL, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
SUBSEQUENT AGENT APPOINTMENT	**202516901322**

Effective Date: 06/17/2025

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of June, A.D. 2025.

Ohio Secretary of State

DOC ID ----> 202516901322

Form 521 Prescribed by:

Frank LaRose
Ohio Secretary of State

For screen readers, follow instructions located at this path.

INSTRUCTIONS

- Include the filing fee.
- Make check or money order payable to Ohio Secretary of State.
- Print on single-sided 8 ½ x 11 paper.
- Double sided paper will be rejected.
- Information must be typed.
- Illegible forms will be rejected

MAIL TO

Regular Service:
P.O. Box 788
Columbus, OH 43216
OR
Expedite Service:
P.O. Box 1390
Columbus, OH 43216

RECEIVED

JUN 17 2025

SECRETARY OF STATE

Statutory Agent Update
Filing Fee: $25
Form Must Be Typed

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent
- ☐ Corp (165-AGS)
- ☐ LP (165-AGS)
- ☒ LLC (171-LSA)
- ☐ Business Trust(171-LSA)
- ☐ Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent
- ☐ Corp (145-AGA)
- ☐ LP (145-AGA)
- ☐ LLC (144-LAD)
- ☐ Business Trust(144-LAD)
- ☐ Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent
- ☐ Corp (155-AGR)
- ☐ LP (155-AGR)
- ☐ LLC (153-LAG)
- ☐ Partnership (153-LAG)
- ☐ Business Trust (153-LAG)
- ☐ Real Estate Investment Trust (153-LAG)

Name of Entity: LEXINGTON INTERMODAL, LLC

Charter, License or Registration No.: 1048079

Name of Current Agent: JOHN KABAT

Complete the information in this section if box (1) is checked

Name and Address of New Agent

CFD Service Company, Inc.
Name of Statutory Agent

1300 E. 9th Street, 20th Floor, ATTN: MRR
Agent Address (Post office boxes and CMRAs are **NOT** allowed. See instructions for details.)

Cleveland — City
OH — State
44114 — ZIP Code

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Complete the information in this section if box (1) is checked and business is an Ohio entity or Foreign LLC

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, CFD Service Company, Inc. , named herein as the
Name of Statutory Agent

statutory agent for LEXINGTON INTERMODAL, LLC , hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: /s/ Michael R. Rasor, Vice President
Individual Agent's Signature/Signature on behalf of Business Serving as Agent

Complete the information in this section if box (2) is checked

New Address of Agent

Agent Address (Post office boxes and CMRAs are **NOT** allowed. See instructions for details.)

City | OH State | ZIP Code

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address

City | State | Zip Code

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By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

LEXINGTON INTERMODAL, LLC
Signature

By (if applicable)

John Kabat, Authorized Person
Print Name

Signature

By (if applicable)

Print Name