822824

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



Office Use Only

DR 6/24/24



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: June 9, 2014

Order#: 159097-006

Re: FLEXI-VAN LEASING, 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 Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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

| statement of cha | provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ r to change its registered office or registe | ized under the la | aws of the State of DE |
|--|---|--|--|
| 1. The name of t | the corporation: FLEXI-VAN LEASING, II | NC. | |
| | office address: DE AVE, KENILWORTH NJ 07033 | | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorporation/qualification: 05/20/1969 | | Document number: 822824 | |
| | I street address of the current registered attended to the tree of State: (If resigned, enter resigned) | • | red office on file with the |
| | CT CORPORATION SYSTEM | | |
| | 1200 S. PINE ISLAND ROAD | | 33324 HASS |
| | PLANTATION | FL | 33324 |
| 6. The name and (if changed): | street address of the new registered ager Corporation Service Company | nt (if changed) an | nd /or registered of fice. |
| | 1201 Hays Street | | Þ |
| | P.O. Box NOT acceptable | | |
| | Tallahassee | FL | 32301 |
| | ess of its registered office and the street a be identical. | | |
| Such change wa authorized by th | s authorized by resolution duly adopted the board, or the corporation has been not | by its board of c ified in writing o | directors or by an officer so of the change. |
| | 2 | Dona Priebe, V | /ice President |
| Signalin | re of a lineer or director | | led or typed name and title |
| I further agree to performance of agent. Or, if this hereby confirm. | the appointment as registered agent and o comply with the provisions of all statumy duties, and I am familiar with and a sidecument is being filed merely to reflet that the corporation has been notified in Service Company | ites relative to th scept the obligat sct a change in ti | he proper and complete tion of my position as registered he registered office address, I |
| By: In | ace Cokuble | 06/04/2014 | |
| Sign | nature of Registered Agent | | Date |
| If signing on bel | half of an entity: | | |
| Grace E. Kirby, | Assistant Vice President | | |
| Ty | ped or Printed Name | | |

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