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DES AND SENS OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA



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ACCOUNT NO. : 120000000195 CORPORATION SERVICE COMPANY

REFERENCE : 721296 7394410

AUTHORIZATION :

COST LIMIT :

ORDER DATE: March 25, 2011

ORDER TIME : 10:30 AM

ORDER NO. : 721296-032

CUSTOMER NO: 7394410

CHANGE OF AGENT

NAME: DYNAMEX OPERATIONS EAST, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

statement of change is subn	nitted for a corporation organ	12, 607.1508, or 617.1508, Florida S nized under the laws of the State of <u>F</u> tered agent, or both, in the State of Fl	Delaware
	tion: DYNAMEX OPERA	-	
2. The principal office addr	ess: 5429 LBJ Freeway Su	nite 1000, Dallas, TX 75240	
3. The mailing address (if d	lifferent):		
4. Date of incorporation/qua	alification: 10/22/2002	Document number: F020000	05312
5. The name and street addi Florida Department of St		ngent and registered office on file wit	h the
Capitol (Corporate Services, Inc.		
155 Offic	ce Plaza Dr., Suite A	:	FILE 2011 MAR 28 SECRETARY SECRETARY
Tallahass	see FL 32301		FILE FILE FORTASSE FO
6. The name and street addr (if changed):	ress of the new registered age	nt (if changed) and /or registered offi	B PH 3: 16 SSEE, FLORID
Corporat	ion Service Company	8—8:W-148-7	1. 15 1. 15
1201 Hay	ys Street		<u> </u>
	(P.O. Box NOT acceptable	:)	•
Tallahass	see, FL 32301		-
The street address of its re as changed will be identicated	gistered office and the street	address of the business office of its	s registered agent,
Such change was authorized authorized by the board, or	ed by resolution duly adopter the corporation has been no	d by its board of directors or by an otified in writing of the change.	officer so
Arbandair	_	Josiane Langlois, Secretary	
Signature of an office	or director)	(Printed or typed name and to	itle)
I further agree to comply v of my duties, and I am fam document is being filed me	with the provisions of all stat iliar with and accept the obl crely to reflect a change in th fied in writing of this change	nd agree to act in this capacity, tutes relative to the proper and comiligation of my position as registered be registered office address, I hereb	plete performance I agent. Or, if this y confirm that the
D		3/25 (2011 (Date)	
(Signature of Regi		(Date)	
Sylvia Queppet, Asst. V	'P		
(Typed or Printe			

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