F9700000 1716

. (Requ	estor's Name)			
(Addre	ess)				
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(City/S	State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL .			
(Busin	ess Entity Na	me)			
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Fili	ng Officer:				

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TALLAHASSEE, FLORIDA

SEP 1 5 2014T. CARTER



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: August 28, 2014

Order#: 267371-054

Re: U.S. XPRESS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

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: Janis M. Smith 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. nge is submitted for a corporation organ r to change its registered office or registe	ized under the la	ws of the State of <u>N</u>	IV	:
1. The name of t	he corporation: U.S. XPRESS OF NEVA	DA, INC.			
	office address: NS RD, CHATTANOOGA TN 37421				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 04/03/1997	Document	number: F9700000	01716	
	street address of the current registered a timent of State: (If resigned, enter resigned)		ed office on file wit	h the	
	NRAI SERVICES, INC.				
	1200 SOUTH PINE ISLAND ROAD				
	Plantation	FL	33324	14 \$	SEC
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) ar	nd /or registered offi	~	RETARY AHASSE
	Corporation Service Company			PH	
	1201 Hays Street			ተ፡ ዐተ	STAT ORII
	P.O. Box NOT	·	22204	_	DE A
	Tallahassee	FL	32301		
The street addre	ess of its registered office and the street be identical.	address of the bu	usiness office of its	registered	agent,
Such change was authorized by th	as authorized by resolution duly adopted ne board on the corporation has been no	by its board of o	directors or by an o of the change.	fficer so	
116		Dona Priebe, \	/ice President		
Janatu	re of officer or director	Print	led or typed name and title		
I further agree in performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all stating my duties, and I am familiar with and a sis document is being filed merely to reflect the corporation has been notified in Service Company	utes relative to the eccept the obligated ect a change in t	he proper and comp tion of my position the registered office	as register	red !
By: X	ace Cokubi	08/27/2014			
Sig	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Grace E. Kirby,	Assistant Vice President				
T	yped or Printed Name				

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