

ml600001770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

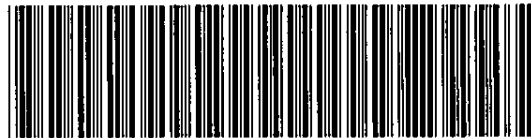
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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01/31/17--01012--005 **60.00

2017 JAN 31 AM 10:05
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2017 JAN 31 AM 11:24
RECEIVED

S Warren

FEB 03 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2017

SUNSHINE CORPORATION

SUBJECT: INTERSHIP LOGISTICS LLC
Ref. Number: M06000001770

We have received your document for INTERSHIP LOGISTICS LLC and the authorization to debit your account in the amount of \$60.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 617A00002024

RECEIVED
DEPARTMENT OF STATE
17 FEB -2 AM 11:32
DIVISION OF CORPORATIONS
SUNSHINE CORPORATION

SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 1-31-17

Name:	Internship Logistics LLC
Document #:	
Order #:	Dec UCS

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:	<input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
		Plain: <input type="checkbox"/>
		COGS: <input checked="" type="checkbox"/>

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 100.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intership Logistics LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dolores Burton

Name of Person

United Corporate Services, Inc.

Firm/Company

100 State Street

Address

Albany, NY 12207

City/State and Zip Code

icolca@goldbergsegalla.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: InterShip Logistics LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M06000001770

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/27/2006

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Trans American Global Trade Services LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FILED

2011 JAN 31 A 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

/s/ Laura Colca

Signature of the authorized representative

Laura Colca, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
OF FLORIDA

2017 JUN 31 A 10:06

FILED

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "INTERSHIP LOGISTICS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "TRANS AMERICAN GLOBAL TRADE SERVICES LLC" ON THE FIFTH DAY OF JULY, A.D. 2016, AT 4:12 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANS AMERICAN GLOBAL TRADE SERVICES LLC" WAS FORMED ON THE THIRTEENTH DAY OF MARCH, A.D. 2006.



4124257 8320
SR# 20170590964

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201969425
Date: 02-01-17