M18 00000 1056

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (|
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Social National States) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECREDARY OF STATE

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COVER LETTER

| TO: | _ | | Section Corporations | | | | | |
|--|-----------|----------|-------------------------------|--|--------------------------|----------------------|--|--|
| SUBJ | ECT: | Tartan | Oil LLC | | | | | |
| | | | Name of Forei | ign Lim | ited Lial | oility Co | mpany | |
| Dear S | Sir or N | /ladam: | | | | | | |
| The en | nclosed | l applic | ration, certificate and fee(s | s) are su | bmitted | for filing | <u>.</u> | |
| Please | e return | all cor | respondence concerning t | his matt | er to the | followi | ng: | |
| Kevin | Crawfo | rd | | | | | | |
| | | | Name of Person | | | _ | | |
| Pilot T | Travel C | enters L | LC | | | | | |
| | | | Firm/Company | | | _ | | |
| Attn: I | Licensin | g PO Bo | ox 10146 | | | | | |
| | | | Address | | | _ | | |
| Knoxy | ille, TN | 37939 | | | | | | |
| | | | City/State and Zip Co | de | | _ | | |
| | | | ttravelcenters.com | | | _ | | |
| E-n | nail add | dress: (| to be used for future annu- | al repor | t notifica | ition) | | |
| For fu | irther ii | nformat | tion concerning this matte | r, please | e call: | | | |
| Kevin | Crawfo | rd | | at (| 55 | 558-7 | 488 | |
| | - | Nan | ne of Person | \ | rea Code | & Dayt | ime Telephone Number | |
| | | ng Addi | | | | Street A | | |
| Registration Section | | | | | | Registration Section | | |
| Division of Corporations | | | | | Division of Corporations | | | |
| P.O. Box 6327 Tallahassee, FL 32314 | | | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | | | |
| | Tana | inassee | , FL 32314 | | | | assee, FL 32303 | |
| _ | | | a check for the following | - | | | | |
| ■ \$25 | Filing | Fee | □ \$30 Filing Fee & | | □ \$55 Filing | | □ \$60 Filing Fee, | |
| | | | Certificate of Status | C | ertified (| Jopy | 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)

| State: Delaware | | Department of | | | | |
|--|---|---|------|--|--|--|
| Enter new principal office address, if applicable: | N/A | | | | | |
| (<u>Principal office address</u> MUST BE A STREET ADDRESS) | | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | 7021 JUL 22 A | アニョコ | | | |
| 2. The Florida document number of this limited li | ability company is: M18000001 | 1 U 2 CO | フ | | | |
| 3. Jurisdiction of its organization: Delaware | | | | | | |
| 4. Date authorized to do business in Florida: $\frac{01/3}{2}$ | | | | | | |
| SECTION II (5-9 complete only the applicable | changes) | | | | | |
| 5. New name of the limited liability company: 1 (must | N/A st contain "Limited Liability Co | mpany, " "L.L.C.," or "LLC.") | | | | |
| (If name unavailable, enter alternate name adopte copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L. | anaging members adopting the a | business in Florida and attach a Iternate name. The alternate name | | | | |
| 6. If amending the registered agent and/or register registered agent and/or the new registered office a | red officer address on our record address here: | is, enter the name of the new | | | | |
| Name of New Registered Agent: N/A | | | | | | |
| New Registered Office Address: N/A | Enter Floric | la Straat Addrass | | | | |
| | Enter Florida Street Address | | | | | |
| - | City | Florida Zip Code | | | | |
| | tegistered Agent: | city. I further agree to comply with | | | | |

| 8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Remove Kristin Seabrook as an Officer of Tartan Oil | | | | | | | | |
|--|------------------------------------|---|---|--|--|--|--|--|
| itle/ Capacity | <u>Name</u> | <u>Address</u> | Type of Action | | | | | |
| Secretary | Kristin Seabrook | 5508 Lonas Rd | \Add | | | | | |
| | | Knoxville, TN 37909 | \(\overline{\overlin | | | | | |
| | | | \Add | | | | | |
| | | | □Remo | | | | | |
| | | | □Add | | | | | |
| | | | □Remo | | | | | |
| | | | \ \Box | | | | | |
| | | | □Remo | | | | | |
| | | | \ \Backsquare | | | | | |
| aforementic | under the law of which this entity | cated by the official having custody of records | □Remo | | | | | |

Filing Fee: \$25.00