M18 00000 6560

(Requestor's Name)			
(Address)			
(Address)			
(City/St	ate/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
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2019 FEB -5 PH 3: 25



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: February 1, 2019

Order#: 569558-091

Re: TEAM LOGISTICS CO. LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Katie Thomas c/o Corporation Service Company 251 Little Falls Drive 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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: TEAM LOGISTI	CS CO. L	LC	
2 (a)	1025 AIRPORT PKWY SW	(b)	1025 AIRPORT PKWY SW	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	GAINESVILLE, GA 30501		GAINESVILLE, GA 30501	
	07/09/2018	_	M18000006560	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	C T CORPORATION SYSTEM			
<i>D</i> . (4)	Registered Agent and Registered Office shown on the records of the	he Florida L	Dept. of State:	
	1200 SOUTH PINE ISLAND ROAD		. 20	
	1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
• (b)	PLANTATION , FL Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered (AND BE STA	
	1201 Hays Street NEW Registered Office Address:			
		32301		
the cha agent v was/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registe bility com `the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in	
	Xel & Come	Jill Cili	ni, Authorized Person	
l herel provision the obli to mere notified	ure of a member of authorized representative of a member by accept the appointment as registered agent and agre- fons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. The of Registered Agent Corporation Service Company	verforman for in Cha vereby conj	Printed or typed name of signce this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed firm that the limited liability company has been ce E. Kirby, Asst. Vice President	