# M1800006560

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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R. WHITE FEB 1 9 2010

# COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Team Logistics Co	o. LLC
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Shannon Bowen	
Name of Person	<del></del>
Mansfield Oil Company	
Firm/Company	
1025 Airport Parkway, SV	V
Address	
Gainesville, GA 30501	
City/State and Zip Code	
sbowen@mansfieldoil.com	m
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pl	lease call:
Shannon Bowen	<sub>at (</sub> 678 ) 450-2350
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:  \$\Bigsim \mathbb{S}25 \text{ Filing Fee & Certificate of Status}\$	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certified Copy 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 appear	s on the records of the Florida Department of
State: Team Logistics Co. LLC	
Enter new principal office address, if applicable:	22 South Main Street
(Principal office address	Greenville, SC 29601
MUST BE A STREET ADDRESS)	2019 %ECC FA
Enter new mailing address, if applicable:  (Mailing address)	
MAY BE A POST OFFICE BOX)	A ITT
2. The Florida document number of this limited lia	ability company is: M18000006560
3. Jurisdiction of its organization: Georgia	
4. Date authorized to do business in Florida: Jul	y 9, 2018
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: (mus	et contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C	d for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	Enter Florida Sireel 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.

		accordance with 605.0902 (1)(e), indicate that ames who have authority to manage	•
Title/ Capacity	<u>Name</u>	Address	Type of Ac
President J	Josh Henderson	22 South Main Street	■Add
		Greenville, SC 29601	Ren
lf of rance+Plan	Brendan McMahon	22 South Main Street	■Add
		Greenville, SC 29601	Ren
VP of cutions & Suferty Scott Nalley	22 South Main Street	■Add	
	Greenville, SC 29601	Rem	
Manager Michael F. Mansfield, Sr.	Michael F. Mansfield, Sr.	1025 Airport Parkway, SW	Add
	Gainesville, GA 3050	<b>1</b> ■ Remo	
Manager	Jim Farish	22 S. Main Street	Add
	Greenville, SC 29601	Rem	
aforementi	s a certificate, if required: no more than oned amendment(s), duly authenticated nunder the law of which this entity is org	by the official having custody of records in the	<b>;</b>

Filing Fee: \$25.00

Control Number: 17114198

# STATE OF GEORGIA

# **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Team Logistics Co. LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16624199 Date Inc/Auth/Filed: 10/20/2017 Jurisdiction : Georgia Print Date : 02/05/2019

Form Number 211



Brad Rafferypeger

Brad Raffensperger Secretary of State