DOC ID ----> 201806602358

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/07/2018	201806602358	SUBSEQUENT AGENT APPOINTMENT (LSA)	25.00				0

Receipt

This is not a bill. Please do not remit payment.

HALLOWES & EBBESKOTTE LLC
6100 EAST MAIN STREET SUITE 108
COLUMBUS, OH, 43213

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2375104

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

TURBO TRANSPORT GROUP LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
SUBSEQUENT AGENT APPOINTMENT	**201806602358**

Effective Date: 03/07/2018

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of March, A.D. 2018.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201806602358

Form 521 Prescribed by:

JON HUSTED
Ohio Secretary of State

Date Electronically Filed: 3/7/2018

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | *busserv@OhioSecretaryofState.gov*
File online or for more information: *www.OHBusinessCentral.com*

For screen readers, follow instructions located at this path.

Statutory Agent Update
Filing Fee: $25
Form Must Be Typed

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent
- ☐ Corp (165-AGS)
- ☐ LP (165-AGS)
- ☉ LLC (171-LSA)
- ☐ Business Trust (171-LSA)
- ☐ Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent
- ☐ Corp (145-AGA)
- ☐ LP (145-AGA)
- ☐ LLC (144-LAD)
- ☐ Business Trust (144-LAD)
- ☐ Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent
- ☐ Corp (155-AGR)
- ☐ LP (155-AGR)
- ☐ LLC (153-LAG)
- ☐ Partnership (153-LAG)
- ☐ Business Trust (153-LAG)
- ☐ Real Estate Investment Trust (153-LAG)

Name of Entity: TURBO TRANSPORT GROUP LLC

Charter, License or Registration No.: 2375104

Name of Current Agent: ROBERT LESTER

Complete the information in this section if box (1) is checked

Name and Address of New Agent

DONALD B. HALLOWES, ESQUIRE
Name of Agent

6100 EAST MAIN STREET, SUITE 108
Mailing Address

COLUMBUS
City

OH
State

43213
ZIP Code

Complete the information in this section if box (1) is checked and business is an Ohio entity

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, DONALD B. HALLOWES, ESQUIRE (Name of Agent), named herein as the statutory agent for TURBO TRANSPORT GROUP LLC (Name of Business Entity), hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: DONALD B. HALLOWES

Individual Agent's Signature/Signature on behalf of Business Serving as Agent

Complete the information in this section if box (2) is checked

New Address of Agent

Mailing Address

City | State | ZIP Code

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address

City | State | Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

TURBO TRANSPORT GROUP, LLC

Signature

DONALD B. HALLOWES, ESQUIRE

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 201806602358

JON HUSTED
Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | *busserv@OhioSecretaryofState.gov*
File online or for more information: *www.OHBusinessCentral.com*

Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name):*

Turbo Transport Group, LLC

To the Attention of *(if necessary):*

Donald B. Hallowes, Esquire

Address: 6100 East Main Street, Suite 108

City: Columbus, Ohio 43213

State: Ohio ZIP Code: 43213

Phone Number: 614-759-4603 E-mail Address: Don@theHElawfirm.com

☐ Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.

☐ Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

◉ **Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.

○ **Expedite Service 1:** By including an Expedite fee of $100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.

○ **Expedite Service 2:** By including an Expedite fee of $200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**

○ **Expedite Service 3:** By including an Expedite fee of $300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**

○ **Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of $50.00. The Preclearance will be complete within 1-2 business days.

DOC ID ----> 201806602358

JON HUSTED
Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | *busserv@OhioSecretaryofState.gov*
File online or for more information: *www.OHBusinessCentral.com*

Credit Card Authorization Form

Form Must Be Printed Or Typed

Cardholder Name	Mark Ebbeskotte

Address

Street	6100 East Main Street, Suite 108		
City	Columbus		
State	Ohio	ZIP Code	43213

Credit Card Information

Credit Card Type	Visa		
Card Number	4436033119120894		
Expiration Month (MM)	06 - June	Expiration Year (YYYY)	2020
CVV/Security Code	670		

DOC ID ----> 201806602358

Form 521 Prescribed by:

JON HUSTED
Ohio Secretary of State

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Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: *www.OHBusinessCentral.com*

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 788
Columbus, OH 43216

Expedite Filing **(Two business day processing time. Requires an additional $100.00)**
P.O. Box 1390
Columbus, OH 43216

Statutory Agent Update
Filing Fee: $25
Form Must Be Typed

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent
- ☐ Corp (165-AGS)
- ☐ LP (165-AGS)
- ☒ LLC (171-LSA)
- ☐ Business Trust (171-LSA)
- ☐ Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent
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- ☐ LP (145-AGA)
- ☐ LLC (144-LAD)
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- ☐ Corp (155-AGR)
- ☐ LP (155-AGR)
- ☐ LLC (153-LAG)
- ☐ Partnership (153-LAG)
- ☐ Business Trust (153-LAG)
- ☐ Real Estate Investment Trust (153-LAG)

Name of Entity: Turbo Transport Group, LLC

Charter, License or Registration No.: 2375104

Name of Current Agent: Robert Lester

Complete the information in this section if box (1) is checked

Name and Address of New Agent

Donald B. Hallowes, Esquire
Name of Agent

6100 East Main Street, Suite 108
Mailing Address

Columbus
City

Ohio
State

43213
ZIP Code

Complete the information in this section if box (1) is checked and business is an Ohio entity

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, Donald B. Hallowes, Esquire (Name of Agent), named herein as the

statutory agent for Turbo Transport Group, LLC (Name of Business Entity), hereby acknowledges

and accepts the appointment of statutory agent for said entity.

Signature: _____

Individual Agent's Signature/Signature on behalf of Business Serving as Agent

Complete the information in this section if box (2) is checked

New Address of Agent

Mailing Address

City | State | ZIP Code

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address

City | State | Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Donald B. Hallowes, Esquire

Print Name

Signature

By (if applicable)

Print Name

Instructions for Statutory Agent Update

This form should be used to update statutory agent information for a corporation, limited partnership, limited liability company, partnership or business trust. If a corporation, limited partnership or limited liability company or business trust would like to appoint a new statutory agent, please select box 1. If a corporation, limited partnership, limited liability company, or business trust would like to change the address of the current agent, please select box 2. If the agent of a corporation, limited partnership, limited liability company, partnership, or business trust would like to resign from their position, please select box 3.

A partnership and limited liability partnership must complete a statement of amendment to appoint a new agent or change the address of the current agent.

Entity Information
The corporation, limited partnership, limited liability company, partnership, or business trust must provide its name, charter/license/registration number and the name of the current agent. The current agent's name must be the same as the agent listed in our office's records.

Appointment of New Agent
Pursuant to Ohio Revised Code sections 1701.07, 1702.06, 1703.041, 1782.04, 1705.06 and 1746.04, a corporation, limited partnership, limited liability corporation and business trust must appoint and maintain a statutory agent to accept service of process on behalf of the entity. The statutory agent must be one of the following: (1) A natural person who is a resident of this state; or (2) A domestic or foreign corporation , nonprofit corporation, limited liability company, partnership, limited partnership, limited liability partnership, limited partnership association, professional association, business trust, or unincorporated nonprofit association that has a business address in this state. If the agent is a business entity then the agent must meet the requirements of Title XVII of the Revised Code to transact business or exercise privileges in Ohio.

If the entity is a **domestic** corporation, limited liability partnership, limited liability company or business trust, the statutory agent must sign the Acceptance of Appointment on Page 2. The agent of a **foreign** entity does not have to accept appointment by signing the form.

Change of Address of an Agent
Pursuant to Ohio Revised Code sections 1701.07, 1702.06, 1703.041, 1782.04, 1705.06 and 1746.04, a corporation, limited partnership, limited liability company and business trust must appoint and maintain a statutory agent to accept service of process on behalf of the entity. The statutory agent must be one of the following: (1) A natural person who is a resident of this state; or (2) A domestic or foreign corporation, nonprofit corporation, limited liability company, partnership, limited partnership, limited liability partnership, limited partnership association, professional association, business trust, or unincorporated nonprofit association that has a business address in this state. If the agent is a business entity then the agent must meet the requirements of Title XVII of the Revised Code to transact business or exercise privileges in Ohio.

Resignation of Agent
Pursuant to Ohio Revised Code sections 1701.07, 1702.06, 1703.041, 1705.06, 1776.07, 1782.04, 1705.06 and 1746.04, an agent may resign by filing this form, stating their intent to resign and providing the current or last known address of the entity's principal office. On the date of filing this form with our office or prior to that date, the agent must send a copy of the resignation form to the current or last known address of the entity's principal office.

For a domestic for-profit corporation, partnership, limited partnership, limited liability company and business trust, thirty days after the filing of this form, the authority of the agent will terminate. For a domestic nonprofit corporation or a foreign corporation, sixty days after the filing of this form, the authority of the agent will terminate.

Additional Provisions
If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

Signature(s)
After completing all information on the filing form, please make sure to sign the form. If the entity is a domestic corporation, the form must be signed by the incorporators or a corporate officer. If the entity is a foreign corporation, the form must be signed by an authorized representative. If the entity is a domestic or foreign limited partnership, the form must be signed by an officer, all of the general partners or a majority of the general partners. If the entity is a domestic or foreign limited liability company, the form must be signed by a member, manager or an authorized representative. If the entity is a business trust, an authorized representative must sign. If the form is used for an agent's resignation, the resigning agent must sign the form.

****Note: Our office cannot file or record a document that contains a social security number or tax identifications number. Please do not enter a social security number or tax identification number, in any format, on this form.**