

STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

AMENDED CERTIFICATE OF AUTHORITY
NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Epika Fleet Services, Inc.
a Foreign Profit Corporation

formed under the laws of the State of **Nevada** and authorized to transact business in Georgia on **10/04/2017**, has amended its application to transact business in this state by the filing of an amendment changing its name to

Epika Fleet Services, LLC
a Foreign Limited Liability Company

and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **10/16/2025**.



Brad Raffensperger

Brad Raffensperger
Secretary of State



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
 2 Martin Luther King Jr. Dr. SE
 Suite 313 West Tower
 Atlanta, Georgia 30334
 (404) 656-2817
 sos.georgia.gov/corporations

**APPLICATION FOR CERTIFICATE OF AUTHORITY
 FOR FOREIGN LIMITED LIABILITY COMPANY**

IMPORTANT: Please provide the entity's primary email address when completing this form.
 Primary Email Address: corporatnotices@maslon.com

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

| | | |
|---|--|--|
| 1. | Epika Fleet Services, LLC Name of Limited Liability Company | Name Reservation Number (Optional) 4/21/2025 |
| Date business commenced (or proposed) in Georgia (NOTE: If date provided here is more than 30 days prior to the effective date of this application, a \$500 penalty plus fees must be paid. Penalty is statutory and cannot be waived by Secretary of State.) | | |
| 2. | Janny Vue, Maslon LLP Name* of Filing Person | |
| | 225 South 6th Street, Suite 2900 Address | Minneapolis MN 55402 City State Zip Code |
| | janny.vue@maslon.com Filer's Email Address | |
| 3. | Epika Fleet Services, LLC Name of Limited Liability Company in State or Country of Formation | |
| | Delaware Jurisdiction (Home State or Country) | 4/21/2025 Date of Formation in Home State or Country |
| | | perpetual Period of Duration |
| 4. | 15 Century Blvd, Suite 102 Address of Principal Place of Business | Nashville TN 37214 City State Zip Code |
| 5. | C T Corporation System Name* of Registered Agent in Georgia | FFInboxATL@wolterskluwer.com Registered Agent's Email Address |
| | 289 S Culver St Registered Office Street Address in Georgia (post office box or mail drop not acceptable for registered office address) | |
| | Lawrenceville Gwinnett City County | GA 30046-4805 State Zip Code |
| 6. | Ian McKeen. 15 Century Blvd, Suite 102 Manager's Name* & Address (person with substantial responsibility for managing LLC's business activities) | Nashville TN 37214 City State Zip Code |
| 7. | 15 Century Blvd, Suite 102 Address Where Limited Liability Company's Records Are Maintained | Nashville TN 37214 City State Zip Code |
| 8. | Effective Date: (Choose one) <input checked="" type="checkbox"/> Upon filing | Delayed effective date and/or time: _____ (A delayed effective date must be within 90 days of the filing date.) |
| 9. | <p>NOTICE: Mail the following items to the Secretary of State at the above address</p> <p>(1) This application;</p> <p>(2) Fee of \$235.00 (\$225 filing fee + \$10 service charge) payable to "Secretary of State." Filing fees are non-refundable.</p> <p>This application is signed by a person duly authorized to sign such instruments by the laws of the jurisdiction under which the foreign limited liability company is organized. The foreign limited liability company undertakes to keep its records at the address shown in #7 above until its registration in Georgia is canceled or withdrawn. The foreign limited liability company, in accordance with Title 14 of the Official Code of Georgia, Annotated, appoints the Secretary of State as agent for service of process if no agent has been appointed in Georgia or, if appointed, the agent's authority has been revoked or the agent cannot be found or served by the exercise of reasonable diligence.</p> | |
| | <u>John Holbeck</u> Signature of Authorized Person | 10/14/2025 Date |
| | John Holbeck Print Name* | CFO Title |

* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.