## B0700000162

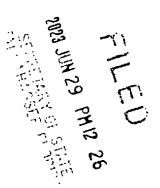
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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LP RAGRO Change



2023 JUN 29 AM II: 30

A. RAMSEY
JUN 3 0 2023

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 820570 8417904					
AUTHORIZATION: Spelle man					
COST LIMIT : \$ 35.00					
~*					
ORDER DATE : June 16, 2023					
ORDER TIME : 4:30 PM					
ORDER NO. : 820570-008					
CUSTOMER NO: 8417904					
CHANGE OF AGENT					
NAME: BREITBURN OPERATING LP					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland-sorenson					
EXAMINER'S INITIALS:					

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. BREITBURN C	OPERATING LP				
· · · · · · · · · · · · · · · · · · ·	Name of Limited Partnership o	or Limited Liability Limited Part	nership		
2. 05/18/2007		3 B0700000016	2		
Date of fil	of filing/registration in Florida Florida document number				
4. The name of the Department of Stat		tered office address as shown on	the records of the Florida		
	CAPITOL CORPORATE	711 E C			
	515 EAST PARK AVENU	7 8			
	TALLAHASSEE, FL 323	Total R			
	City,	State and Zip	— 26		
5. The name and F	Florida street address of the new	v registered agent and/or office:	211.		
	Corporation Service Company				
	Name				
	1201 Hays Street				
	Florida street addres				
	Tallahassee	FL <sup>32301</sup>			
	City. State and Zip				
6. Such change(s) Signature of Gener	JILL CIL BREITBU	he Florida Department of State. MI, AUTHORIZED PERSON ( URN OPERATING GP LLC, GI			
comply with the pre	ovisions of all statutes relative t with an accept the obligations o	ent and agree to act in this capac to the proper and complete perfo of my position as registered agen E E. KIRBY, ASST. VICE PRE	ormance of my duties, at.		
Signature of Regist	\$35.00				
Certified Copy	(optional): \$52.50				