## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000100058 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842 : (850)878-5368 Fax Number

\*\*Enter the email address for this business entity to be used for futgre annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE GEOKINETICS USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

APR 25 2016

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HEIBAMSEY

## **COVER LETTER**

CR2E045 (03/12)

4/22/2016 11:42:15 AM From: To: 8506176380( 3/3 )

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		517.0502, 607.1508, or 617.1508, Florida Statutes, this a organized under the laws of the State of Delaware
	_	registered agent, or both, in the State of Florida.
	the corporation: GEOKINETICS US	- ,
		BLVD., STE 800, HOUSTON, TX 77042
3. The mailing a	addross (if different):	
4. Date of incorp	poration/qualification: 09/23/2014	Document number: F14000004109
	d street address of the current regis	tered agent and registered office on file will the resigned)
	CORPORATION SERVICE COM	and the second s
	1201 HAYS STREET	Fig. 7. C
	TALLAHASSEE, FL 32301-2525	
6. The name and (if changed):	l street address of the new registere	ed agent (if changed) and /or registered office
	C T Corporation System	
	c/o C T Corporation System, 1200 S	South Pine Island Road
	P.O, B	ox NOT acceptable
	Plantation, Florida 33324	
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	is authorized by resolution duly ac ie board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
Mari	a Sciotti	Maria Sciotti, Secretary
I further agree t performance of agent Or if thi	o comply with the provisions of all my duties, and I am familiar with	Printed or typed name and title  ent and agree to act in this capacity.  It statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I  ified in writing of this change.
By: Orton	poration System Les Vincent	04/07/2016
S (8)	ature of Registered Agent	Date
If signing on bel	half of an entity:	
Jeniser Vincent, A	Assistant Secretary & Vice President	
Ťy	ped or Printed Name	

\* \* \* FILING FEE: \$35.00 \* \* \*