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ACCOUNT NO. : 072100000032

REFERENCE: 457942 4370853

AUTHORIZATION : atricia linu

COST LIMIT : \$ 25.00

ORDER DATE: February 24, 2004

ORDER TIME : 9:19 AM

ORDER NO. : 457942-235

CUSTOMER NO: 4370853

CUSTOMER: Ms. Carla Cantrell

Koch Industries, Inc.

Po Box 2256

Wichita, KS 67220

CHANGE OF AGENT

NAME: FHR/GP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Ellyn Herndon

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or liability company submits the following statement is agent, or both, in the State of Florida.	608.508, Florida Statutes, n order to change its regist	the undersigned limited tered office or registered
1. The name of the limited liability company is: FH	R/GP, LLC	28 4 1
2. The mailing address of the limited liability compa	ny is :	
P. O. Box 2917, Wichita, KS 67201-2917		10 B
	H0100001534	
3. Date of filing/registration in Florida	M01000001731 4. Document numb	her a
5. Due of mingregistration in Frontia	4. Document name	<i>y</i>
5. The name of the registered agent and the registered Florida Department of State:	d office address as shown on	the records of the
C T Corpora		_
Na	me	•
1200 South Pir		
Add	ress	,
Plantation	`	=
City, Stat	e and Zip	
6. The name and address of the new registered agent	and/or office:	
Corporation Se	rvice Company	t
Nam	e	**************************************
1201 Hays		
Florida street address (P.	O. Box NOT acceptable)	
12 1	****	
Tallahassee FI		
City, State	and Zip	
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the charthe members of the limited liability company or as ot the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	the Florida street address of identical. Or, in the case of nge(s) was/were authorized herwise provided in the artic	f the registered office f a Florida limited by an affirmative vote of
Maureen Cullen, Attorney in Fact		
(Printed or typed name of signee)	·	•
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirm that the limited liability confirms the liability confirms that the limited liability confirms that the limited liability confirms that the limited liability confirms the liability confirms the liability confirms that the limited liability confirms the	and agree to act in this cape he proper and complete per my position as registered ag to merely reflect a change i mpany has been notified in v	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
(Signature of Registered Agent)		•
Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. B	ox 6327, Tallahassee, FL	32314

FILING FEE: \$25.00