## M02000001350

	<u> </u>
(Reques	tor's Name)
(Address	;)
(Address	)
(0): (0)	
(City/Stat	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
<b>,</b>	:
(Docume	ent Number)
Certified Coples	Certificates of Status :
Special Instructions to Filing	Officer
Opecial ristructions to 1 min	
$\mathcal{A}$	
Off	fice Use Only



100040110691

O4 NOV 12 AM 10: 44
SECRETARY OF STATE
TALLAHASSEE, FLORID

DIL HOW 12 AM 81 42
DIL HOW 12 AM 81 42
DIL HOW 12 AM 81 42



ACCOUNT NO. : 072100000032

REFERENCE :

963868

4381524

AUTHORIZATION <:

COST LIMIT

\$ 25.00

ORDER DATE: November 9, 2004

ORDER TIME : 10:17 AM

ORDER NO. : 963868-130

CUSTOMER NO: 4381524

CUSTOMER: Ms. Susan G. Miller

Hanover Compressor Company 12001 N Houston Rosslyn Road

Houston, TX 77086

CHANGE OF AGENT

NAME:

HANOVER COMPRESSION GENERAL

HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: HANOVER COMPRESSION GENERAL HOLDINGS, LLC
2. The mailing address of the limited liability company is:
12001 North Houston Rosslyn, Houston, TX 77086
05/24/2002 M0200001350
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Name  1200 South Pine Island Road  Address
Name To 5
1200 South Pine Island Road
Address
••••••••••••••••••••••••••••••••••••••
Plantation, FL 33324  City, State and Zip
City, State and Zip
6. The name and address of the new registered agent and/or office:
Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Maure   (Signature of a member or authorized representative of a member)
Maureen Cullen, Attorney in Fact (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  (Signature of Registered Agent)

**FILING FEE: \$25.00**