## 805834

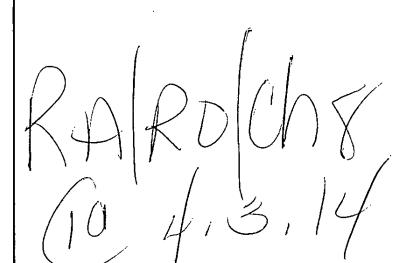
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## COVER LETTER

Amendment Section Division of Corporations SUBJECT: HALLIBURTON ENERGY SERVICES, INC.
Name of Corporation DOCUMENT NUMBER: 805834 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Myra Simmons Name of Contact Person Capitol Services Registered Agent Department Firm/Company 800 Brazos Ste 400 Address Austin, TX 78701 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Myra Simmons Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building .. 2661 Executive Center Circle Tallahassee, FL 32301

TO:

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

statement of ch	ange is submitted for a co.	rporation organized unde	98, or 617.1508, Florida St r the laws of the State of $\Box$ t, or both, in the State of Fl	ELAWARE
1. The name of	the corporation: HALL	IBURTON ENER	GY SERVICES, I	NC
2. The principal	l office address:			
3. The mailing	address (if different):			
4. Date of incom	poration/qualification: 1	0/23/1944	cument number: 80583	4
	d street address of the cur artment of State: (If resign		registered office on file with	1 the
	CT Corporation Sy	stem		
	1200 Plantation Ross	oad		
	<u>Plantation</u>	FL	33324 Zip Code	_
6. The name an (if changed):			ged) and /or registered offi	oe දි. දි. රා
	155 Office Plaza D	P.O. Box NOT acceptable		iii <del>I</del> I
	Tallahassee	FL	32301	C 5
The street add	city ress of its registered offic Il be identical.	state e and the street address o	Zip Code  of the business office of its	registered agent,
Such change wauthorized by	vas authorized by resoluti the board, or the corporat		oard of directors or by an ovriting of the change.	
XYMI	ture of apoliticer or director	Myc	He L. Jones Si Printed or typed name and title	r.V.PTax
I hereby accept further agree performance of agent. Or, if the hereby confirm	of the appointment as regi to comply with the provi If my duities, and I am fam his document is being file In that the corporation has	stered agent and agree to isions of all statutes relat viliar with and accept the ad merely to reflect a chai s been notified in writing	o act in this capacity, ive to the proper and comp obligation of my position nge in the registered office of this change.	olete as registered address, I
Dela	uniu Case		3-71-14 Dute	
If signing on b	ehalf of an entity:			

Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Typed or Printed Namo

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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