

BOI 666000 242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified

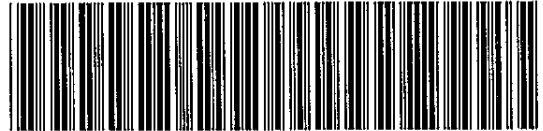
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Certificates of Status

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04 MAR 24 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04 MAR 24 PM 12:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten signature]



CORPORATE

SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 506471 7395129

AUTHORIZATION

COST LIMIT : \$ 35.00

FILED
04 MAR 24 PM 14 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 18, 2004

ORDER TIME : 10:16 AM

ORDER NO. : 506471-045

CUSTOMER NO: 7395129

CUSTOMER: Ms. Julia White-james
Linde Gas Llc
6055 Rockside Woods Boulevard
Independence, OH 44131-2319

CHANGE OF AGENT

NAME: LIFEGAS, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY

☐ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

In accordance with the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

IFEGAS, LTD.

Name of the limited partnership

July 5, 2001

Date of filing/registration in Florida

3.B01000000242

Document number assigned

The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

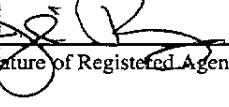
Such change(s) was/were authorized by the general partners.


Signature of General Partner

Mark D. Weller, Authorized Person

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. Or, if this document is being filed solely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Corporation Service Company


Signature of Registered Agent

Jeanine Reynolds
as its agent

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00