BO1000000376

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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02/12/18---01028--027 **35.00



HARRIS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: February 8, 2018

Order#: 053888-008

Re: MARITRANS OPERATING COMPANY L.P.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA. XCOA

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.	MARITRANS OPERATIN	NG COM	PANY L.P.	
Na	ame of Limited Partnership or Limited	l Liability Li	mited Partnership	
2. 1	10/26/2001		B01000000376	
Date of filin		Florida document r	number	
4. The name of the re Department of State:	egistered agent and the registered offic	ce address as	shown on the recor	rds of the Florida
	NRAI Service	s, Inc		
	Name	•		
	1200 South Pine Is	land Roa	d	
	Address			-1. 07
	Plantation	FL	33324	
	City, State and	l Zip		변 변 변 다 CO
5. The name and Flo	rida street address of the new register	ed agent and/	or office:	* * = = = = = = = = = = = = = = = = = =
	Corporation Service	e Compan	У);**** 12
	Name			
	1201 Hays S	treet		ို မ
	Florida street address (P.O. I	Box not accep	otable)	
	Tallahassee	FL	32301	
	City, State and	l Zip		
6. Such change(s) is/	are effective when filed by the Florid	a Departmen	t of State.	
Xie	2 Cours			
Signature of General	Partner Jill Cilmi, Vice President on t	pehalf of Mari	trans General Partne	er Inc., General Partner
comply with the prov and I am familiar wit		oper and con ition as regis	plete performance	
	Ami M. Casper, Asst. Vice	President		
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50