

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000134966 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES

Account Number : I20160000048 : (800)345-4647 Phone Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Email Address:

## REGISTERED AGENTSCHANGE EXTERRAN ENERGY SOLUTIONS, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

(H17000134966 3)

şΩ,

## 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.

LEXICKAN ENERGY SULU	HONS, L.P.
Name of Limited Partnersh	ip or Limited Limitity Limited Partnership
2, 8/31/2012	3, B0200000190
Date of filing/registration in Florida	Florida document rumber
4. The name of the registered agent and the re Department of State:	gistered office address us shown on the records of the Florid
C T CORPORATIO	ON SYSTEM
	Name
1200 SOUTH PINE	SISLAND ROAD
· · · · · · · · · · · · · · · · · · ·	Address
PLANTATION, FL	33324
C	ity, State and Zip
5. The name and Florida street address of the	new registered agent and/or office:
Capitol Corporate 8	Services, Inc.
	Name
155 Office Plaza D	r, Ste A
Florida street ad	dress (P.O, Box not acceptable)
Tallahassee	FL 32301
Ci	ity, State and Zip
6. Such change(s) is/are effective when filed b	y the Florida Department of State.
Mina. Mer Julia A.	Brown, Secretary
Signature of General Partner	<del></del>
	agent and agree to act in this capacity. I further agree to tve to the proper and complete performance of my duties, as of my postilon as registered agent.
Whanie Case	Delanie Case, Asst. Secretary on behalf
Signature of Registered Agent	of Capitol Corporate Services, Inc.
Filing Fee: \$35.00 Certified Copy (optional): \$52.50	
	∡ <b>%</b> ∖

SEURETARY OF STATE

45,