## 100300000121

(Requestor's Name)					
(Address)					
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(Ci	ty/State/Zip/Phone	e #)			
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(Be	usiness Entity Nar	ne)			
(Document Number)					
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Special Instructions to Filing Officer:					
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Office Use Only



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2015 JAN 30 PM 5: 55



FEB 0 6 2015 D. BRUCE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: January 28, 2015

Order#: 468473-030

Re: KIRBY INLAND MARINE, LP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Lindsey Lockard

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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.

OUCA.XCOA

DIS JAN 30 PH 5: 5:

## 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. KIRBY INLA	AND MARINE, LP				
1	Name of Limited Partnership or Li	mited Liability I	Limited Partner	ship	
2. 04/04/2003		3. B03000000121			
Date of filing/registration in Florida			Florida document number		
4. The name of the Department of State	e registered agent and the registered e:	d office address	as shown on the	e records of the Florida	
	C T Corporation System				
	Na	ime		-	
	1200 South Pine Island R	load			
	Ado	lress		-	
Plantation, FL 33324					
	City, Star	te and Zip			
5. The name and F	lorida street address of the new reg	gistered agent an	d/or office:	JAN 30 AF (AP) AH ASSI	
	Corporation Service Con	npany		30 SSE SSE SSE SSE SSE SSE SSE SSE SSE SS	
	Na	ime		- E OF -	
	1201 Hays Street			5: 5   ORIG	
Florida street address (P.O. Box not acceptable)			- 55 55		
	Tallahassee	FI	32301		
	City, Stat	te and Zip	<u> </u>	•	
6. Such change(s)	is/are effective when filed by the F	lorida Departme	ent of State.		
· · · · · · · · · · · · · · · · · · ·		Torrace to permit	an or state.		
Signature of Ge	Partner	-			
	Partner ice President on behalf of Ki				
comply with the pro	appointment as registered agent a poissions of all statutes relative to the obligations of my	he proper and co	mplete perforn	. I further agree to nance of my duties,	
Signature of Regist	eled Agent Sylvia Queppet, A	sst. VP			
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50