

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : CAPITOL CORPORATE SERVICES, INC.
 Account Number : I20150000048
 Phone : (800)345-4647
 Fax Number : (800)432-3522

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 SECRETARY OF STATE
 TALLAHASSEE, FL

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

Email Address: _____

**REGISTERED AGENT CHANGE
 BREITBURN OPERATING LP**

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

C. BRUMBLEY

DEC 27 2022

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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. BREITBURN OPERATING LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 5/18/2007
Date of filing/registration in Florida
3. B07000000162
Florida document number

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

C T CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND ROAD
Address
PLANTATION, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Capitol Corporate Services, Inc.
Name
515 East Park Avenue 2nd Fl
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner
Maverick Operating GP LLC, General Partner
Roy T. Mitchell, VP, Asst. Gen. Counsel & Corp. Secretary

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.

Signature of Registered Agent
Brian Radecki, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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