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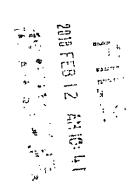
(Re	questor's Name)					
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates o	f Status				
Special Instructions to Filing Officer:						

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FEB 1 4 2017 J. 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#: 053888-022

Re: OSG AMERICA 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		OSG AMER	ICA L.P.		
N	lame of Li	nited Partnership or Limite	ed Liability Lin	nited Partners	hip
2.	11/15/20	11/15/2007		B07000	000345
	Date of filing/registration in Florida		31	Florida document number	
4. The name of the Department of State		agent and the registered of	fice address as	shown on the	records of the Florida
		NRAI Servic	es, Inc		
		Name			
		1200 South Pine	Island Road	ļ	
		Addres	S		
		Plantation	FL	33324	
		City, State ar	nd Zip		-1. NO
5. The name and Flo	orida street	address of the new registe	ered agent and/o	or office:	# An inc
		_	-		:
		Corporation Service	e Company		i PV
					# <u>*</u>
		1201 Hays 9			
	ŀ	lorida street address (P.O.	Box not accept	able)	
		Tallahassee	FL_	32301	, EN
		City, State ar	nd Zip		
6. Such change(s) is	s/are effect	ive when filed by the Flori	da Department	of State.	
$\times_{\mathbf{x}}$	ا ح د	aoni			
Signature of Genera	Partner	Jill Cilmi, Authorized Perso	n on behalf of C	SG America L	LC, General Partner
		nt as registered agent and c			
		ill statutes relative to the p pt the obligati en s of my po			ance of my duties,
Corpora Corpora	tion Servi	ce Company			
By: Constant Signature of Register	red Agent	<u> </u>			
orginature or registe	rou rigent	Ami M. Casper, Asst. Vio	ce President		
Filing Fee:		\$35.00			

Certified Copy (optional): \$52.50