Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: {850}617-6380

From:

Email Address:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

REGISTERED AGENT CHANGE

Certificate of Status	0
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EXP ENERGY SERVICES INC.

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92.7/2013 1

## **COVER LETTER**

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SUBJECT:	EXP ENERGY SE	Corporation
	Name of	Corporation
DOCUMENT NUMB	er: F	0000001026
The enclosed Statemen	t of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all corresp	pondence concerning this matte	er to the following:
	Name of C	ontact Person
	Firm/C	ompany
	Ad	iress
_	City/State a	nd Zip Code
	·	• ,
E-n	nail address: (to be used for	future annual report notification)
For further information	concerning this matter, please	call:
		et ( )
Name o	Contact Person	at () Area Code & Daytime Telephone Nümber
Enclosed is a \$35.00 ch	eck made payable to the Depar	tment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State hange is submitted for a corporation organized under the laws of the State of <u>Dela</u> fer to change its registered office or registered agent, or both, in the State of Flori	ware	•
	f the corporation: EXP ENERGY SERVICES INC.		
	al office address: 1300 Metropolitan Blvd. Tallahassee, Florida, USA 32308		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 02/23/2000 Document number. F00	000001026	
5. The name an Florida Depa	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	C	
	KOSKI, MICHAEL		
	1300 METROPOLITAN BLVD	And Lai	ंजारी
	TALLAHASSEE FL 32308 US		38
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	The second	27
	C T Corporation System		70) 315 216
	c/o C T Corporation System, 1200 South Pine Island Road		75
	P.O. Box NOT acceptable		$\dot{\Box}$
	Plantation, Florida 33324		
The street addr as changed wil	ress of its registered office and the street address of the business office of its reg	sistered agent,	,
Such change wanthorized by t	ras authorized by resolution duly adopted by its board of directors or by an offi- the board, or the corporation has been notified in writing of the change.	cer so	
oft	Mork S. Enday - Vice		+
	Line appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complet to comply with the provision of all statutes relative to the proper and complet and I am familiar with and accept the obligation of my position as registered uping filed merely to reflect a change in the registered office address, I hereby cost been notified in writing of this change.		
By:	Corporation System 9/26/11		
	gnature of Registered Agent	····	
If signing on be	Mark S. Eppley Assistant Vice-President		
0	Sped or Printed Name  Ond Secretary  ** * Filing FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)