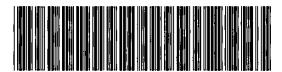
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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone #)	
PICK-UP	WAIT [MAIL
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IOR SERVICE COMPARY.
ACCOUNT NO. : 07210000032
REFERENCE : 617348 7454854
AUTHORIZATION: Spelle Ran Pro to the
REFERENCE: 617348 7454854 AUTHORIZATION: THE STATE OF TH
ORDER DATE: November 22, 2006
ORDER TIME: 10:06 AM
ORDER NO. : 617348-240
CUSTOMER NO: 7454854
CHANGE OF AGENT
NAME: PLAINS MARKETING GP INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT PERSON: Doreen Wallace
EXAMINER'S INITIALS:

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

statement of c	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this shange is submitted for a corporation organized under the laws of the State of
1. The name o	f the corporation: PLAINS MARKETING GP INC.
2. The principa	al office address: Street, Suite 1600, Houston, TX 77002
	address (if different):
4. Date of inco	prporation/qualification: 08/20/2001 Document number: F01000004396
	nd street address of the current registered agent and registered office on file with the artment of State:
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324
6. The name at (if changed)	corporation Service Company 1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street add as changed wi	ress of its registered office and the street address of the business office of its registered agent, ll be identical.
Such change vauthorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
(Signa	Tim Moore, Vice President (Printed or typed name and title)
I hereby accep I further agree of my duties, a document is b corporation h Corgorat	the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete performance and lam familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change. The company
Ву Д	Signature of Registered Agent) (Date)
•	pehalf of an entity:
Sylvia J. (Queppet, Assistant VP
	(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *