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From:

Account Name Account Number :

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Phone

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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. **

| THE STREET OF STREET STREET | | | |
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REGISTERED AGENT CHANGE WELLSTREAM INTERNATIONAL LIMITED CORP.

| Certificate of Status | U |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

6/24/2011

COVER LETTER

| Division of Corp | | | | | |
|---------------------------|---|--|---------------------------------|--|--|
| SUBJECT: | Wellstream Internation | aal Limited Corp. | | | |
| | Name of | Corporation | | | |
| DOCUMENT NUMBER | T NUMBER: F03000000446 | | | | |
| The enclosed Statement of | of Change of Registered Offi | ce/Agent and fee are subm | itted for filing. | | |
| lease return all correspo | ndence concerning this matte | er to the following: | | | |
| | Linda | Laczo | | | |
| | Name of Co | ontact Person | | | |
| | GE Corp | oprate Tax | | | |
| u | Firm/C | отрацу | | | |
| | 12 Corporation | n Woods Blvd. | | | |
| - | Ado | ress | ··· | | |
| | Albany h | NY 12211 | | | |
| _ | City/State at | nd Zip Code | ······ | | |
| • | linda.lsczod | T | | | |
| E-mai | l address: (to be used for f | uture annual report notif | ication) | | |
| or further information co | ncerning this matter, please o | :ail: | | | |
| | da Luczo | 51B 1 | 433 4309 | | |
| Name of C | ontact Person | Area Codo & Daytin | ne Telephone Number | | |
| closed is a \$35.00 check | made payable to the Depart | ment of State. | | | |
| D: P. | alling Address: mendment Section ivision of Corporations O. Box 6327 dilahassee, FL 32314 | Street Address: Amendment Se Division of Con Clifton Buildin 2661 Executive Tullahassee, PL | porations g Center Circle | | |

El Mic - 70010000 P. T. Summa Calife

CR2E045 (8/05)

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

| statement of ci | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Plorida t tange is Submitted for a corporation organized under the knys of the State of der to change its registered office or registered agent, or both, in the State of F | JK | |
|--|---|--|---|
| t. The name of | the corporation: Wellstream International Limited Corp. | | |
| | office address: 11210 Equity Drive, Suite 350, Houston, TX 77041 | | |
| 3. The mailing | address (if different): | | |
| 4. Date of incom | poration/qualification: 1/28/03 Document number: | F03000000446 | |
| 5. The name an Florida Depa | d street address of the current registered agent and registered office on fils wit runent of State: (If resigned, outer resigned) | i the | |
| | Corporation Service Company | | |
| | 1201 Hays Street | =-1 | |
| | Tallahassee FL 32301 | ALLA ALLA ALLA ALLA ALLA ALLA ALLA ALL | |
| 6. The name am (if changed): | | AHASSEI | |
| | C T Corporation System | PM FFL | ě |
| | c/o C T Corporation System, 1200 South Pine Island Road P.C. Box NOT acceptable | S | C |
| | Plantation, Florida 33324 | 更而 声 | |
| | ss of its registered office and the street address of the business office of its be identical. | | |
| Such change wa outhorized by the | s authorized by resolution duly adopted by its board of directors or by an o e board, or the corporation has been notified in writing of the change. | | |
| Modera Signatura | of an on the same of the same and the | ypo Aast Less. | |
| hereby accept further agree to f my duties, and ocument is bein orporation has | the appointment as registered agent and agree to act in this capacity of comply with the provisions of all statutes relative to the proper and comp I I am familiar with and accept the obligation of my position as registered ig filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change. | lete performance agent. Or, if this confirm that the | |
| | Carporation System Author of Rigitatored Appeal | 1 | |
| signing on beh | alforaureit/H. Kreatz Special Assistant Secretary | - | |
| Tvr | ed or Printed Name | | |

* * * 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)