## F180000004654

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |

Office Use Only



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RARDICHS

SEP 24 2019 I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: September 10, 2019

Order#: 910306-012

Re: ALTAGAS MARKETING (U.S.) INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 $\overline{XX}$  Check in the amount of \$35.00.

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: Matthew Ermak

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

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

|  |   | 02, 617.0502, 607.1508, or 617.1508, Florida Statutes, ation organized under the laws of the State of DELAWA   |               |
|--|---|--|---------------|
|  |   | ce or registered agent, or both, in the State of Florida.  |               |
| 1. The name of   | the corporation: ALTAGAS M.   | ARKETING (U.S.) INC.   |               |
| 2. The principal   | office address: 1000 Maine A  | ve SW, Washington, DC 20024  |               |
| 3. The mailing a   | address (if different):   |  |               |
| 4. Date of incorp  | poration/qualification: 10/05/  | 2018Document number: F18000004654  |               |
|  | d street address of the current introduction of State: (If resigned, ex | registered agent and registered office on file with the nter resigned)   |               |
|  | C T CORPORATION SYSTI   | EM   |               |
|  | 1200 SOUTH PINE ISLAND  | ROAD   | ~             |
|  | PLANTATION  | FL 33324   | 110           |
| 6. The name and (if changed):  | i street address of the new reg   | istered agent (if changed) and /or registered office   | . 1.2         |
|  | Corporation Service Compa   | ny   | 7.2           |
|  | 1201 Hays Street  |  | <br>96        |
|  | Tallahassee   | P.O. Box NOT acceptable  | •             |
|  |   | FL 32301   |               |
| The street address changed will  | ess of its registered office and<br>be identical.                       | the street address of the business office of its registere   | ed agent,     |
| Such change wa<br>authorized by th   | is authorized by resolution du<br>ne board, or the corporation h        | ly adopted by its board of directors or by an officer so as been notified in writing of the change.  | ı             |
| Must   | lelelæ_   | Nicole A. Edmonds, Secretary   |               |
| Signatus   | re of an officer or director  | Printed or typed name and title  |               |
| I further agree to performance of agent. Or, if this hereby confirm to the confirmation to the c | o comply with the provisions my duties, and I am familiar:              | d agent and agree to act in this capacity.<br>of all statutes relative to the proper and complete<br>with and accept the obligation of my position as regist<br>rely to reflect a change in the registered office address<br>a notified in writing of this change. | ered<br>i, I  |
| By: Y)   | ro tokuble  | 09/06/2019   |               |
| · ·  | nature of Registered Agent  | Date   | — <del></del> |
| If signing on bel  | half of an entity:  |  |               |
|  | Asst. Vice President  | <u> </u>   |               |
| Ту   | rped or Printed Name  |  |               |

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