F94000003514

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filing Officer.	





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SECREDARY OF STATE

RA/RD/Ch8

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	ECT: CPT-GP, INC. Name of Corpo	pration				
DOCU	JMENT NUMBER: <u>F9400003514</u>					
The en	iclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to	the following:				
	Myra Name of Contac	Simmons				
	Name of Contac	t Person				
	Capitol Services Re	gistered Agent Department				
	800 Br	azos Ste 400				
	Address					
	Austin, TX 78701 City/State and Zip Code					
	E-mail address: (to be used for future	re annual report notification)				
For fu	rther information concerning this matter, please call	:				
	Myra Simmons a	at (800) 345-4647 Area Code & Daytime Telephone Number				
	Name of Contact Person	Area Code & Daytime Telephone Number				
Enclos	sed is a \$35.00 check made payable to the Departme	nt of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

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

1. The name of the corporation: CPT-GP, INC. 2. The principal office address: 11 Greenway Plaza, Ste. 2400 Houston, TX 77046 3. The mailing address (if different): 4. Date of incorporation/qualification: 7/5/1994 Document number: F94000003514 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) CT Corporation System 1200 South Pine Island Road Street Address of the new registered agent (if changed) and /or registered office of its registered office (if changed): Capitol Corporate Services, Inc. 155 Office Plaza Drive, Suite A Street Address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Tallahassee FL 32301 Suite Angue was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing rightspechange. Signalure of an officer of director and the street address of the business office of its registered agent, as changed will be identical. Signalure of an officer of director and a service of a street address of the purpose and complete performance of my dulies, and fam familiar with and accept the obligation of my position as registered agent. On, if this document is being filed merely to reflect a change in the registered office address. I bereby confirm that the corporation has been notified in writing of this change. Language of the proper and complete performance of my dulies. and and familiar with and accept the obligation of my position as registered agent. On, if this document is being filed merely to reflect a change in the registered office address. I bereby confirm that the corporation has been notified in writing of this change. Language of the proper and complete performance of my dulies. And and familiar with and accept the obligation of my position as registered agent. Date	statement of ch	provisions of sections 60 ange is submitted for a co er to change its registere	orporation organ	ized under	the laws of the	State of DE	LAW		•
3. The mailing address (if different): 4. Date of incorporation/qualification: 7/5/1994 Document number: F94000003514 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) CT Corporation System 1200 South Pine Island Road Streek Actives Plantation FL 33324 Plantation City State Zine Code AREL AND STORM Address of the new registered agent (if changed) and /or registered office (if changed): Capitol Corporate Services, Inc. 155 Office Plaza Drive, Suite A Streek Address P.O. Box NOT acceptable Tallahassee FL 32301 Coly State Zip Code The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writings (Changed) and office registered agent and agree to act in this capacity. Final Columbia and title Plantary agree to act in this capacity of the proper and complete performance of my duttes, and I am familiar with and accept the obligation of my position as registered agent. Or, I this document is being filed merely to reflect a change in the registered address. I hereby confirm that the corporation has been notified in writing of this change. Date	1. The name of	the corporation: CPT-	GP, INC.						
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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) CT Corporation System 1200 South Pine Island Road Street Address Plantation FL 33324 Capital Corporate Services, Inc. Capital Corporate Services, Inc. Capital Corporate Services, Inc. 155 Office Plaza Drive, Suite A Street Address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in mediate with the provisions of all statutes relative to the proper and complete performance of my dulies. and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change. Live by accept the appointment as registered agent and agree to act in this capacity. Interher agree to comply with the provisions of all statutes relative to the proper and complete performance of my dulies. and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.	3. The mailing a	address (if different):							
Florida Department of State: (If resigned, enter resigned) CT Corporation System 1200 South Pine Island Road Street Address Plantation FL 33324 ARE Zip Code (if changed): Capitol Corporate Services, Inc. 155 Office Plaza Drive, Suite A Street Address P.O. Box NOT acceptable Tallahassee FL 32301 Coy The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or, the corporation has been notified in writing questions of the proper and complete performance of my dulities, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Signature of Registered Agent Date Date	4. Date of incor	poration/qualification: 1	7/5/1994	Docu	ment number:	F940000	00351	4	
1200 South Pine Island Road Street Address Plantation FL 33324 Cry State Zb Code (if changed): Capitol Corporate Services, Inc. 155 Office Plaza Drive, Suite A Street Address P.O. Box NOT acceptable Tallahassee FL 32301 Cry State Zp Code The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of place than a special counties. Semicon VICE PRESIDENT- GENERAL COUNSEL AND SECRETARY Printed or typed name and title I hereby accept the appointment as registered agent and agree to act in this capacity. Signature of an officer or director I hereby confirm that the corporation has been notified in writing of this change. September 1 of the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change. Signature of Registered Agent 1-8-15 Date				_	gistered office	on file with the	he		
Plantation FL 33324 City State Zip Code H.F. AN 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Capitol Corporate Services, Inc. 155 Office Plaza Drive, Suite A Street Address P.O. Box NOT acceptable Tallahassee FL 32301 City State Zip Code The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of global panels. SENIOR VICE PRESIDENT- GENERAL COUNSEL AND SECRETARY Printed or typed name and title I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Signature of Registered Agent Date		CT Corporation Sy	ystem						
Capitol Corporate Services, Inc. 155 Office Plaza Drive, Suite A Street Address P.O. Box NOT acceptable		1200 South Pine I	Island Road						
Capitol Corporate Services, Inc. 155 Office Plaza Drive, Suite A Street Address P.O. Box NOT acceptable					33324		¥E(2015	
Capitol Corporate Services, Inc. 155 Office Plaza Drive, Suite A Street Address P.O. Box NOT acceptable				·			≱≍	<u>_</u>	-
Tallahassee FL State State Zp Code The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. SENIOR VICE PRESIDENT- GENERAL COUNSEL AND SECRETARY Printed or typed name and title I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Date Date		Capitol Corporate 155 Office Plaza [Services, Inc	D.	ed) and /or regi	stered office	ARY OF STATE (SSEE, FLORID)	15 PH 12:	17
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	Signati	ure of an officer or director		SEN <u>GEN</u>	IOR VICE PRESIDI ERAL COUNSELA Printed or typed i	:N1- ND SECRETARY name and title		 ed	
If signing on behalf of an entity:	Duas	gnature of Registered Agent			-8-15 Date	-			
	If signing on be	ehalf of an entity:							
Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.	Delanie Ca	se Asst Secretary	on hehalf of	Canitol (Cornorate S	Services Ir	nc		

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

Typed or Printed Name