L14000173684

(R	equestor's Name)			
(Address)				
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECKETARY OF STATE

JUL - 9 2015 T. HAMPTON



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: July 6, 2015

Order#: 672936/049

Re: CRESTWOOD GP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: CRESTWOOD	GP, LLC	
2 (a)	105 TALLAPOOSA STREET SUITE 300	(b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MONTGOMERY AL 36104		
	11/07/2014	L14000	173684
3.	Date of filing/registration in Florida	4.	Document number
~ / `	CT CODDODATION SYSTEM		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dent of S	tota:
		me i fortua Dept. of 3	taic.
	1200 SOUTH PINE ISLAND ROAD	<u></u>	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>4DDRESS)</u>	
	PLANTATION , FL	33324	
(b)	Corporation Service Company		FALE 15
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- CRI JU
	1201 Hays Street		Sã O
	NEW Registered Office Address:		AND: 5
			FEST OF O
			52 ORII
			DE N
	Tallahassee, FL	32301	<u></u>
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offi ability company, in of the limited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
		Dona Priebe.	Authorized Person
Sign	attere of member authorized representative of a member		Printed or typed name of signee
the ob to mer	ty accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the change.	performance of m	v duties, and I am familiar with and accent
Signati	The Registered Agent Corporation Service Company	BY: Sylvia Oue	eppet, Asst. Vice President