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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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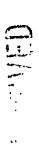
LLC REGISTERED AGENT CHANGE COASTAL BREEZE PROCESSING LLC

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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

2. (a)	ame of the limited liability company: Coastal		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	12/15/21 Date of filing/registration in Florida		_21000526157
.),	Date of itting/registration in Piorioa	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENT	S, INC.	
	Registered Office Address (MUST BE FLORIDA STREET) 476 RIVERSIDE AVE. JACKSONVILLE , FI		
		, 32202	2023 HAR
(b)	Registered Agents Inc		HA :
	Enter name of NEW Registered Agent and/or NEW Registered	l Office addre	7855: Ress: -2
	7901 4th St N		
	NEW Registered Office Address.		·
	STE 300		
	St. Petersburg	33702	
the cha agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the register ability comp of the limite	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) led liability company or as otherwise provided in
	Brand and Brand and		Robin Jones
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been natified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent