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DIVISION OF CORPORATION



ACCOUNT NO. : 072100000032

REFERENCE: 457942

4370853

AUTHORIZATION

COST LIMIT

ORDER DATE: February 24, 2004

ORDER TIME : 9:44 AM

ORDER NO. : 457942-275

CUSTOMER NO: 4370853

CUSTOMER: Ms. Carla Cantrell

Koch Industries, Inc.

Po Box 2256

Wichita, KS 67220

CHANGE OF AGENT

NAME: KOCH PIPELINE COMPANY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	ed liability company is: KOCH PIE	PELINE COMPANY, L	LC	
			10	
2. The mailing address of	f the limited liability company is:		- 70 5	
P. O. Box 2256, Wi	ichita. KS 67220		至二次	· Fort
	, , , , , , , , , , , , , , , , , , , ,		7,0	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
07/24/2000		M00000001446	The state of the s	李
3. Date of filing/registration	ion in Florida	4. Document num	iber	-
21 2 a.c 01 1111118 1081011 a.c.	.011 111 2 101144	ii boodiioik iidii		
5. The name of the registe	red agent and the registered office	address as shown o	n the records o	f the
Florida Department of				
	C T Corporation S	System		
	Name			
	1200 South Pine Isl	and Road		
	Address		•	
	Plantation, FL 3	33324		
	City, State and Z	Zip		
6. The name and address (of the new registered agent and/or	office:		
o. The name and address (of the new registered agent and/or	office.		
	Corporation Service	Company -		
	Name		•	
	1201 Hays Stree	e t		
	Florida street address (P.O. Box		•	
	Tallahassee FL	32301		
	City, State and Zi			
	•	-		
If the limited liability com	pany is not organized under the la	iws of the State of Fl	orida, it is here	eby
and the business office of	nange or changes are made, the Flo the registered agent will be identic	onda street address of	n ine registered of a Florida lim	i omce ited
liability company, it is her	eby confirmed that the change(s)	was/were authorized	l by an affirmat	ive vote of
the members of the limited	d liability company or as otherwise f the limited liability company.	e provided in the arti	icles of organiz	zation or
the operating agreement o	r the limited liability company.			
Machie	'n culle			
(Signature of a member or authori	zed representative of a member)	•		
(
Maureen Cullen, Attor		•		
(Printed or typed name of signee)				
I hereby accept the appoi	ntment as registered agent and ag	ree to act in this cap	acity. I furthe	r agree to
and I am familiar with an	d accept the obligations of my pos	ition as registered a	gent as provide	ed for in
dhapter 608, F.S. Or, if the address. I hereby confirms	s of all statutes relative to the proj d accept the obligations of my pos his document is being filed to mer that the limited liability company	ely reflect a change : has been notified in	in the registere writing of this	ed office change
Il All				
(Signature of Registered Agent)		· **		
Elizabeth A. Dawson,	Asst. Vice President	7 Tallahaccaa EI	30314	

FILING FEE: \$25.00

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