45 52 0000000 BS 24

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Áddress) | | | | | | |
| (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



800419164228

RECEIVED 2023 NOV 21 PM 3: 22

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | NO. : I2000000195 | | | | | |
|--|-------------------|--|--|--|--|--|
| REFERENCE : 140641 4378494 | | | | | | |
| AUTHORIZATION: Liquelle man | | | | | | |
| COST LIMIT : \$\(\frac{1}{25}\cdot 00\) | | | | | | |
| ODDED DAME . November 20 2022 | | | | | | |
| ORDER DATE: November 20, 2023 | • • | | | | | |
| ORDER TIME : 1:58 PM | · ; | | | | | |
| ORDER NO. : 140641-076 | | | | | | |
| CUSTOMER NO: 4378494 | 117 | | | | | |
| | <u>ي</u> | | | | | |
| <u>CHANGE OF AGENT</u> | | | | | | |
| NAME: M-I L.C. | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | |
| CONTACT PERSON: Eyliena Baker | | | | | | |

EXAMINER'S INITIALS:

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. | Name of the limited liability company: M-I L.L.C. | | | | |
|---------------------------|---|---|--|--|--|
| 2. (a | 5950 NORTH COURSE DR | | (b) PO BOX 42842 | | |
| 2. (1 | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Maili | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | HOUSTON, TX 77072 | | HOUSTON, T | X 77424-2842 | |
| | 10/18/2000 | | M0000000222 | 4 | |
| 3. | Date of filing/registration in Florida | 4. | Doc | ument number | |
| 5. (a | CAPITOL CORPORATE SERVICES, INC. | | | | |
| J. (a | Registered Agent and Registered Office shown on the records o | f the Florid | a Dept. of State: | ~ <u>`</u> | |
| | 515 EAST PARK AVENUE | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | <u>S)</u> | | |
| | 2ND FL | | | | |
| | TALLAHASSEE | 32301 | | • | |
| | . F | L | | . : | |
| 71 | | | | - .a | |
| (b | Enter name of NEW Registered Agent and/or NEW Registere | | ldress: | | |
| | | | | | |
| | Corporation Service Company | | | | |
| | NEW Registered Office Address: | | | | |
| | 1201 Hays Street | | | | |
| | | | | | |
| | Tallahassee . F | 32301 L. | | | |
| H tho | limited liability company is not organized under the la | 6 1 1 | State of Clasida | To the beautiful and Council along the council at | |
| chang | ge or changes are made, the Florida street address of the | e register | ed office and the | business office of the registered | |
| agent | will be identical. Or, in the case of a Florida limited livery authorized by an affirmative vote of the members | lability co | ompany, it is here | eby confirmed that the change(s) | |
| the ar | ticles of organization or the operating agreement of the | : limited | liability company | y. | |
| | Xee E. Wene | JIL | L CILMI, AUTHO | RIZED PERSON | |
| Sign | nature of a member or authorized representative of a member | | Prin | ted or typed name of signee | |
| provi. the of to me | eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I red in writing of this change. | ree to act perform d for in (hereby c | in this capacity, ance of my dutie. Thapter 605, F.S onfirm that the li | I further agree to comply with the s, and I am familiar with and accept . Or, if this document is being filed mited liability company has been | |
| Signa | ure of Registered Agent | GRACE | E. KIRBY, ASS | T. VICE PRESIDENT | |