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Account Name : CAPITOL CORPORATE SERVICES, INC

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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LLC REGISTERED AGENT CHANGE CENTRAL FLORIDA PIPELINE LLC

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8/7/2017

D. SCOTT SEP 1 4 2017

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

submii Florid	s the following statement in order to change its re	gistered office or re	egistered agent, or both, in the State of	7
	nic of the Limited Liability Company: CENTRAL F	FLORIDA PIPEL	INE LLC	
]
2. (a)	1001 LOUISIANA STREET, SUITE 1000	_ \ \ ~	OUISIANA STREET, SUITE 1000	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OFFICE ROX)	
	HOUSTON, TX 77002	HOUST	TON, TX 77002	
	3/6/2001	<u>M01000</u>	0000497	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CT CORPORATION SYSTEM		_	
, .	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of Stat	le:	
	1200 SOUTH PINE ISLAND ROAD		-	
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	•	
			- <u> </u>	型
	PLANTATION , F	L 33324	_	
				祭
(b)	Capitol Corporate Services, Inc.	J Office address	 	_
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office Educates.	Service and the service and th	ယ
	515 East Park Avenue 2nd Fl		9 10 10 10 10 10 10 10 10 10 10 10 10 10	差
	NBW Registered Office Address;		المرابيخ	
				φ ÷
			- Salaria	Ü
	Tallahassee, Fi	L 32301	_	
the chi agent v was/w the art	imited liability company is not organized under the la will be identical. Or, in the case of a Florida limited letter authorized by an affirmative vote of the members icles of organization or the operating agreement of the members.	aws of the State of Fi of the registered offic liability company, it of the limited liability e limited liability cou	so and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
	ture of a member or authorized representative of a member	Brian Radecki	Printed or typed name of signee	
I here provisi the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing allows of my position as registered agent as provide the registered office address, I allow thing of this change.	gree to act in this cap e performance of my led for in Chapter 60 I hereby confirm that	oavity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	
Octanu Casu Delan		nie Case, Assista		
Signali	no of Rogistored Agent behalf	f of Capitol Corp	orate Services, Inc.	
	Division of Corporations • P.O.	Box 6327+ Tallaha	ssee, FL 32314	

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