## M0100002308

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300027004063

DIVISION OF CORFORATION





ACCOUNT NO. : 072100000032

REFERENCE : 457942 4370853

AUTHORIZATION :

COST LIMIT :

ORDER DATE: February 24, 2004

ORDER TIME : 9:46 AM

ORDER NO. : 457942-290

CUSTOMER NO: 4370853

CUSTOMER: Ms. Carla Cantrell

Koch Industries, Inc.

Po Box 2256

Wichita, KS 67220

CHANGE OF AGENT

NAME: KS&T/GP, 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

k a make	BOTH FOR LIMIT	'ED LIABILI	TY COMPANY	ζ	
Pursuant to the provision liability company submits agent, or both, in the State	the following statem	6 or 608.508, ent in order to	Florida Statute o change its reg	es, the undersigned limited istered office or registered	
1. The name of the limited	d liability company is:	KS&T/GP, I	LC	<u>-</u>	
2. The mailing address of	the limited liability co	ompany is:		·	
4111 E. 37th St. N	orth, Wichita, KS	67220		· ·	
10/11/2001			M01000002308		
3. Date of filing/registration in Florida		2	4. Document number		
5. The name of the register Florida Department of S		stered office a	ddress as shown	on the records of the	
	C T Cor	poration Sys	stem		
-	<del>- / </del>	Name			
	1200 South	n Pine Islan	đ Roađ	# 35 <del>*</del>	
		Address		- E8 = n	
Address  Plantation, FL 33324  City, State and Zip  6. The name and address of the new registered agent and/or office:					
		State and Zip		- 8章 - 1	
	•	•		me _ H	
6. The name and address of	of the new registered a	gent and/or of	fice:	FLOUR B	
	Corporation	n Service Co	ompany	- 8 - 8	
		Name		<del>9</del> 0,	
1201 Hays Street					
	Florida street addres	s (P.O. Box N	OT acceptable)		
	Tallahassee	FL	32301		
	City, S	State and Zip			
If the limited liability componitive that after the chand the business office of and the business office of a liability company, it is here the members of the limited the operating agreement of Signature of a member of authorization	ange or changes are methe registered agent when the confirmed that the liability company or the limited liability company confirmed that the limited liability confirmed liability confirm	nade, the Floridill be identical change(s) was otherwise pompany.	da street address . Or, in the case s/were authorize	of the registered office of a Florida limited d by an affirmative vote of	
Maureen Cullen, Attor (Printed or typed name of signee)	ney in Fact	<u> </u>			
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relative decept the obligation his document is being that the limited liabili	gent and agree e to the proper is of my position filed to merely ty company ha	e to act in this co r and complete p on as registered reflect a chang s been notified i	ipacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	

(Signature of Registered Agent)

Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314