M05000004289

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
, (Cit	ty/State/Zip/Phone	e #)
- PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	49

Office Use Only

MOS-4289



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04/05/07--01026--001 **35.00

US CorpWorks Inc. An affiliate of National Registered Agents, Inc. 1638 Pennsylvania Street Denver, CO 80203 888-967-5799 Fax: 303-393-8900

March 29, 2007

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Cervantes Marine Operations LLC

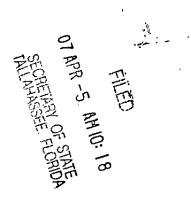
Enclosed is the following for filing in your office:

Statement of Change of Registered Agent—Foreign LLC. Check for \$35

Please return evidence of the change of agent to the address above. If, for any reason, the filing cannot be made, please call the toll-free number listed above or contact me by email.

Regards,

Dana Walker



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.

3 .,	.			
1. The name of the limite	d liability company	is: Cervantes M	arine Operations LLC	•
2. The mailing address of	f the limited liability	y company is : _		
1475 Lawrence Street, Suite	e 400, Denver, Colora	ado 80202		
9/0/0005			M05000004280	
8/2/2005 M05000004289 3. Date of filing/registration in Florida 4. Document r		4. Document number		
5. Date of filing/registrati	on in Florida		4. Document number	
5. The name of the registe Florida Department of S		egistered office a	ddress as shown on the	e records of the
	CT Corporation Sys	stem		
		Name		
	1200 South Pine Isl	land Road		0
	100	Address		7 P
	Plantation, FL 3332	24		ESP PR
	C	ity, State and Zip		1-5 1-5 1-5 1-7-5
6. The name and address of the new registered agent and/or office:		07 APR -5 AM 10: 18 SECRETARY OF STATE FALLAHASSEE FLORID		
	NRAI Services, Inc.			5. O.
		Name		翼 5
	2731 Executive Park			⊅m ω
•	Florida street add	lress (P.O. Box N	OT acceptable)	
	Weston	FL 33331		
	Cit	y, State and Zip		
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of the limite the operating agreement of the limite.	nange or changes are the registered agent	re made, the Flori t will be identica the change(s) wa or as otherwise p ty company.	da street address of the last of the last of a last of a last of a last of the	e registered office Florida limited
(organization)		••		
Patrick E. Meyers (Printed or typed name of signee)				
I hereby accept the appoing comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm NRAI Services, Inc. (Signature of Registered Agent) Michael Mirrione, Asst. Secr	ntment as registere s of all statutes rela d accept the obligat his document is bei that the limited lial		te to act in this capacity and complete perform on as registered agenty reflect a change in the as been notified in write Tallahassee, FL 323	

INHS18(10/99)

FILING FEE: \$25.00