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ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: May 11, 2007

ORDER TIME : 9:30 AM

ORDER NO. : 894288-240

CUSTOMER NO: 7490297

CHANGE OF AGENT

NAME: CREEKSTONE MANAGEMENT GP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath

EXAMINER'S INITIALS:

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 limited liability company i	CREEKSTONE MANAGEMENT GP, LLC	
2. The mailing address of the limited liability	company is :	
4545 Post Oak Place, Suite 200, Houston, TX 77027		
February 1, 2006	M0600000615	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the reg Florida Department of State:	istered office address as shown on the records of the	e
CT	orporation System	
	Name	
1200	outh Pine Island Road	
Plantation, FL 33324		-81
Cit	, State and Zip $=$ \approx	
6. The name and address of the new registered	Address Itation, FL 33324 To State and Zip Agent and/or office: On Service Company Name Hays Street	m
Corporat	on Service Company	. 0
12	Name	, , ,
· · · · · · · · · · · · · · · · ·	ss (P.O. Box NOT acceptable)	
Tallahassee	FL 32301	
City,	State and Zip	
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that the	under the laws of the State of Florida, it is hereby made, the Florida street address of the registered of vill be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative or as otherwise provided in the articles of organizaty company.	vote
(Signature of a member or authorized representative of a mem	per)	
Maureen Cullen, Attorney In Fact (Printed or typed name of signee)		
I hereby accept the appointment as registered	ngent and agree to act in this capacity. I further ag be to the proper and complete performance of my di ns of my position as registered agent as provided fo filed to merely reflect a change in the registered of tty company has been notified in writing of this cha Vice resident	ree to uties, or in ffice inge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00