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Division of Corporations

Florida Department of State

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LLC REGISTERED AGENT CHANGE KEYSTONE O&G MULTI-STATE, L.L.C.

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Help

From: David Thomas

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.

7 107 IAC	KEYSTONE OA	.G MUL	.TI-	FI-STATE, L.L.C.	
	nne of the limited liability company:		(b)	b) 201 MAIN STREET	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE, POST OFFICE BOX)	
	SUITE 2300			SUITE 2300	
	FORT WORTH, TX 76102	_		FORT WORTH, TX 76102	
	07/13/2006		Ŋ	M06000003890	
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	- 4.		Document number	
J. (u)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Flori	da I	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>55)</u>	<u>S2</u>	
	TALLAHASSEE FL	32301-	-252	1525	
(b)	C T Corporation System			ldress:	
,,,,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Offices	ddı	ldress:	
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation . FL	33324			
the cha agent w was/wo	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the regability of the li	gist con imi	istered office and the business office of the regist ompany, it is hereby confirmed that the change(s nited liability company or as otherwise provided	tered .)
	THOMAS R. HEGI	TI	10:	OMAS R. HEGI	
•	ture of a member or authorized representative of a member			Printed or typed name of signee	
the oblinoistic to mercinotified By: SEA	the accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided in the registered office address, I fin writing of this change. C.T. Corporation System ANT. EMERICK ASSISTANT SECRETARY.	ree to a perfor pd for in hereby	ct i ma 1 C. coi	t in this capacity. I further agree to comply with nance of my duties, and I am familiar with and ac Chapter 605, F.S. Or, if this document is being f confirm that the limited liability company has bee	the cept iled in

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314