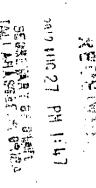
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(Re	equestor's Name)	,
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

2012 AUG 27 MM 8+12

J. SAULSBERRY EXAMINER

AUG 28 2012



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 324419 7439361

AUTHORIZATION :

COST LIMIT :

ORDER DATE: August 27, 2012

ORDER TIME : 10:36 AM

ORDER NO. : 324419-017

CUSTOMER NO: 7439361

CHANGE OF AGENT

NAME:

FLORIDA GAS TRANSMISSION

COMPANY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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.

	ELODIDA CA	C TD ANCHICCION COMBANIA	7 110	
1. Na	me of the limited liability company: FLORIDA GA	5 TRANSMISSION COMPANY	, LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 5051 Westheimer Road Houston, TX 77056-5306	 	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5051 Westheimer Road Houston, TX 77056-5306		
09/0:	5/2006	M06000004925		
3. Da	te of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of	f State:	
	Registered Agent:	C T Corporation System	5	2
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	LLANA ECRET	12 AUG
			388	27
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	OF STAIL	7
	<u>NEW</u> Registered Agent:	Corporation Service Company	RATE	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street		
		Tallahassee ,FI	L_32301	
that an office hereby liabili limite	limited liability company is not organized under the lefter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of d liability company. Maure Cather	address of the registered office a se of a Florida limited liability co	and the b	usiness it is
(Signati	ure of a member or authorized representative of a member)			
(Printe	cen Cathell, Authorized Person d or typed name of signee)	-		
I here compl am fa F.S. (confir	eby accept the appointment as registered agent and as ly with the provisions of all statutes relative to the pro miliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a c m that the limited ligbility company has been notified	gree to act in this capacity. I furt per and complete performance o as registered agent as provided f hange in the registered office add in writing of this change.	her agre f my duti or in Cha dress, I h	e to es, and I apter 608, ereby
Bv:	Dross d'Kirbly Dace E. Wy	Grace E. Kirby, Assistant VP		
	Division of Corporations, P.O. Box	• •		

FILING FEE: \$25.00

INHS18 (05/08)