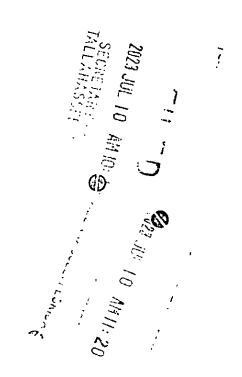
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| | (Requestor's Name) | | | | | |
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| PICK-UP | ☐ WAIT ☐ MAIL | | | | | |
| ☐ FICK-OF | MAIL MAIL | | | | | |
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| Certified Copies | Certificates of Status | | | | | |
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| Special Instructions to | Filing Officer: | | | | | |
| | Filing Officer: J. HORNE JUL 1 1 2023 | | | | | |
| | NORNE | | | | | |
| | JU , \sim | | | | | |
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Office Use Only



800411830238



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | | | |
|---|--|--|--|--|--|--|--|
| REFERENCE : 840754 8417904 | | | | | | | |
| AUTHORIZATION: 840754 8417904 | | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | | |
| ORDER DATE : June 28, 2023 | | | | | | | |
| ORDER TIME : 9:24 AM | | | | | | | |
| ORDER NO. : 840754-036 | | | | | | | |
| CUSTOMER NO: 8417904 | | | | | | | |
| | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| NAME: BREITBURN MANAGEMENT COMPANY LLC | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | |
| CONTACT PERSON: Alexxis Weiland-sorenson | | | | | | | |
| EXAMINER'S INITIALS: | | | | | | | |

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.

| 1. N | ame of the limited liability company: BREITBURN N | MANAGE | MENT CON | MPANY LLC | |
|--|--|---|---|--|--|
| 2. (a) | | (| (b) | | |
| , , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | ` , | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 1111 Bagby Street Suite 1600 | | 1111 Bagby Street Suite 1600 | | |
| | Houston, TX 77002 | _ | Houston | , TX 77002 | |
| | 06/05/2007 | | M070000 | 03392 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | | | | | |
| J. (III) | Registered Agent and Registered Office shown on the records of | of the Florid | Ja Dept. of Sta | ie: | |
| | CAPITOL CORPORATE SERVICES, INC. | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | 20 TAL | |
| | 515 EAST PARK AVENUE 2ND FL | | | 23 J ECR. LAI | |
| | TALLAHASSEE | 32301 | | 2029 JUL 10 SECRETARE | |
| | | 'L | | | |
| (b) | | | | 7 | |
| (-) | Enter name of NEW Registered Agent and/or NEW Registere | ed Office a | ddress: | | |
| | Corporation Service Company | | | · · | |
| | NEW Registered Office Address: | | | - 8 | |
| | 1201 Hays Street | | | | |
| | | | | _ | |
| | Tallahassee | 32301 | | _ | |
| change agent was/w | limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | aws of the e register liability c of the lin | red office ar ompany, it i nited liabili | nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in | |
| 1. | _{s/} JILL CILMI | JIL | L CILMI, AL | JTHORIZED PERSON | |
| Signa | ature of a member or authorized representative of a member | - | | Printed or typed name of signee | |
| I here provis the ob- to mer notifie | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address. It is writing of this change. | gree to ac e perforn ed for in hereby c | t in this cap iance of my Chapter 60, confirm that | acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been | |
| 41. | Drace C-Kuble | GRACI | E E. KIRBY | '. ASST. VICE PRESIDENT | |
| Signati | are of Registered Agent | | | | |