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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TRC Pipeline Service			
Name of Foreign	n Limited Liabil	ity Compan	ıy
Dear Sir or Madam:			
The enclosed application, certificate and fee(s)	are submitted fo	r filing.	
Please return all correspondence concerning thi	s matter to the fo	ollowing:	
Eileen Kearney			
Name of Person	<u> </u>		
TRC Pipeline Services, LLC			
Firm/Company			
21 Griffin Road North			
Address			
Windsor, CT 06095			
City/State and Zip Code			
ekearney@trccompanies.co			
E-mail address: (to be used for future annual	report notificati	on)	
For further information concerning this matter,	please call:		
Eileen Kearney	at (860	298-6	347
Name of Person	- \ /	& Daytime	Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registrat Division P.O. Box	ion Section of Corporations . 6327 see, Florida 32314
Enclosed is a check for the following amount \$25 Filing Fee \$30 Filing Fee & Certificate of Status	t: \$55 Filing Certified	-	■ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

TO:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears on th	e records of the Florida D	epartment of	
State: TRC Pipeline Services, LLC			
Enter new principal office address, if applicable:		- · · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		- (2011
2. The Florida document number of this limited liability	company is: P17520		201 St. 23 FH 22 40 or "LLC.") da and attach a ne alternate name
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 01/05/1	1988	;	
SECTION II (5-9 complete only the applicable chang		المناهبين المناهبين	
5. New name of the limited liability company:	ain "Limited Liability Con	npany, ""L.L.C.," or	"LLC.")
(If name unavailable, enter alternate name adopted for the copy of the written consent of the managers or managing must contain "Limited Liability Company," "L.L.C." or	ne purpose of transacting b g members adopting the all "LLC.")	usiness in Florida and ternate name. The alto	d attach a ernate name
6. If amending the registered agent and/or registered office registered agent and/or the new registered office address	cer address on our records here:	enter the name of the	<u>ie new</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florido	ı Street Address	
		, Florida	
	City	Zip C	ode —

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Manager	Martin H. Dodd		Add
		21 Griffin Road North, Windsor, CT	06095 Remov
Catherine M. Bragg	5900 Northwoods Business Parkway Suite M Charlotte. N	ıc 28269 ■Add	
			Remov
			Add
			Remov
			Add
			Remove
			Add
			Remov

Filing Fee: \$25.00