

Transmission Report

Date/Time 09-02-2016 11:52:45
Local ID 1 813-228-1020
Local ID 2 813-228-1328

Transmit Header Text
Local Name 1 TECO
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MD8000002631

Division of Corporations

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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TECO ENERGY, INC.
Account Number : 076424001012
Phone : (813) 228-1431
Fax Number : (813) 228-1328

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE SEACOAST GAS TRANSMISSION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.08

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<https://efile.smbiz.org/scripts/efilecovr.exe>

09/02/2016

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001	857	850-617-6381	11:51:42 09-02-2016	00:00:32	2/2	1	EC	H5	CP26400

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
RP: Report
FF: Fax Forward

CP: Completed
FA: Fail
TU: Terminated by user

TS: Terminated by system
G3: Group 3
EC: Error Correct

SEP 13 PM 12:37

SEP 13 PM 12:37

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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. Name of the limited liability company: SeaCoast Gas Transmission, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
702 N. Franklin Street
Tampa, FL 33602
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
P.O. Box 111
Tampa, FL 33601
3. 06/04/2008
Date of filing/registration in Florida
4. M08000002631
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Charles A. Attal, III

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

702 N. Franklin Street

Tampa, FL 33602

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

David M. Nicholson

NEW Registered Office Address:

702 N. Franklin Street

Tampa, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

David E. Schwartz, Secretary

Printed or typed name of signer

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.

Signature of Registered Agent

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

FILED
16 SEP -2 AM 9:19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE