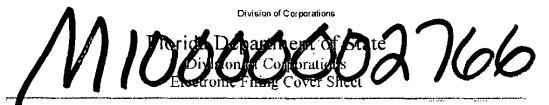
6/1/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000147929 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (512)418-6949 Phone

: (954)208-0845 Fax Number

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

Email	Address:				
cmarr	Auuress:				

LLC REGISTERED AGENT CHANGE ASSOCIATED ENERGY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

o simmons JUN 0 2 2017

. . .

COVER LETTER

	istration Section sion of Corporations	
SUBJECT:	ASSOCIATED ENERGY HOLDING	SS, LLC
	Name	e of Limited Liability Company
Dear Sir or N	Madam:	
The enclosed	d Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return	all correspondence concerning this	a matter to the following:
		•
	Name of Person	
 	Firm/Company	
	Address	
	City/State and Zip Code	·
	address: (to be used for future annu	4v
		at (
	Name of Person	Area Code & Daytime Telephone Numbe
Regi Divl Clift 2661	EET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enc	losed is a check for the following :	amount:
□ \$2	25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS18 (2/14))	

. ..

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.

	Principal office address of limited liability company:		(U	')	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			101.40 77	(Note: MAY BE POST OFFICE BOX)
	12140 Wickchester Lane, SUITE 100			12140 W	ickchester Lane, SUITE 100
	HOUSTON, TX 77079			HOUSTO	ON, TX 77079
	06/17/2010			M1000000	2766
	Date of filing/registration in Florida	4,	•		Document number
(a)	CORPORATION SERVICE COMPANY				
(14)	Registered Agent and Registered Office shown on the records of	f the Flor	rida	Dept. of Sta	tie:
	Registered Office Address (MUST BE PLORIDA STREET	ADDRE	225	2	with the same of t
	1201 HAYS STREET				
	TALLAHASSEE	_ 32301	-25	525	
	TALLAHASSEE , F	L			
(b)					
1 (2)	Enter name of NEW Registered Agent and/or NEW Registere				-
(-)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	ndd	11033	_
(-)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	ndd	<u>: 17038</u> :	25
(-)	Enter name of NEW Registered Agent and/or NEW Registere C T Corporation System	d Office	ndd		29
(-)		d Office	ndd		29
	C T Corporation System	d Office	ndd		29
	C T Corporation System NEW Registered Office Address: 1200 South Pine Island Road	L 33324			29
the lie cha	CT Corporation System NEW Registered Office Address: 1200 South Pine Island Road Plantation Finited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	L 33324 aws of the reliability of the limited	he gis co imi	State of Fitered office impany, it ited liabili	lorida, it is hereby confirmed that after the and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided impany.
the li e cha ent w eas/we e arti	CT Corporation System NEW Registered Office Address: 1200 South Pine Island Road Plantation Finited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members	L 33324 aws of the reliability of the limited limited	he egis co imi	State of Fitered officempany, it ited liability continuation of the continuation of th	lorida, it is hereby confirmed that after the and the business office of the regist is hereby confirmed that the change(s) ty company or as otherwise provided impany. Carrillo Printed or typed name of signee

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