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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Phone Fax Number : (800)432-3622

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## LLC REGISTERED AGENT CHANGE TARGA MIDSTREAM SERVICES LLC

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursue submit Florid	ant to the provisions of sections 602 0114 or to the following statement in order to chang to	te its registered of	flice or registered agent, a	mited liability company or both, in the State of
	me of the Limited Liability Company:	IA MIDSTREAM	M SERVICES LLC	
2 (a)		(b)		
- (a)	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS	npouy	Mailing address of lim	nited liability company; OST OFFICE BOX)
	811 LOUISIANA ST STE 21	00	811 LOUISIANA	ST STE 2100
	HOUSTON, TEXAS 77002	<del></del>	HOUSTON, TEX	AS 77002
	9/1/2011	٨	И11000004432	
3.	Date of filing/registration in Florida	. 4	Document number	er
5. (a)				
-2. (a)	Registered Agent and Registered Office shown on the	records of the Florida I	Sept. of State	
	CT CORPORATION SYSTEM			
	Registered Office Address	STREET APPRESS)		
	1200 SOUTH PINE ISLAND ROAD			
				20
	PLANTATION	FL 33324		23
				.023 JAN 24
(b)	Capitol Corporate Services, Inc.			
	Enter name of NEW Registered Agent and or NEW I	Registered Office addr	7.	£
	515 Fact Body Avanua 2nd Fl			A
	515 East Park Avenue 2nd Fl NEW Registered Office Address		<u>.</u>	<u></u> ==
	regiment vinter issues			, co
			···=	· 🕥
				, 0
	Tallahassee	, FL_32301		
the cha agent v was/wi	imited liability company is not organized und inge or changes are made, the Florida street a yill be identical. Or in the case of a Florida I are authorized by an affirmative vote of the m icles of organization or the operating agreeme	ddress of the registe imited liability com embers of the limits	ered office and the business ipany, it is hereby confirme ed liability company or as o	office of the registered distance of the change(s)
7	tipe to a premiser of anthonized representative of a ment		Regina Gregory, Printed or typed dain	Manager
I here provisi the obl to mero notified	hy accept the appointment as registered agen- ions of all statutes relative to the proper and e- ligations of my position as registered agent as ely reflect a change in the registered office ad d in scrimos of this change	t and agree to act ii omplete performan provided for in Ch laress, I hereby con	n this capacity - I further ag uce of my duties, and I am I; capter 605, F.S. Or, if this a firm that the limited liability	ree to comply with the militar with and accept kneument is being filed by company has been
	Jum Lorland		Assistant Secretary or	
Signatu	re at Registered Agent	behalf of Capito	ol Corporate Services,	Inc.
	Division of Corporations	• P.O. Box 6327•	Tallahassee, Fl. 32314	

INHS13 (2.14)

FILING FEE: S25.00