4/10/2019

Division of Corporations

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## LLC REGISTERED AGENT CHANGE EXPLORATION SERVICES, LLC

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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. N	ame of the limited liability company: Exploration 9	Service	as LLC	)			
2. (a)	c/o Craig D. Ball McGuire\Monde H.D.		(b) c/o Craig D. Bell, McGuireWoods LLP				
μ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liabil	lity company:		
	800 Canal Street		800	Canal Street			
	Richmond, VA 23219		Richmond, VA 23219				
	02/17/2012		M12	000000929			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	RAX CO.						
(a)	Registered Agent and Registered Office shown on the records of	f the Flori	du Dept.	of State:			
	50 North Laura Street, Suite 3300						
	Registered Office Address (MUST RE FLORIDA STREET						
				<del></del>	<b>ं</b>		
	Jacksonville , FI	3220	2		· 第二		
(b)	C T Corporation System				70 E		
( )	Enter name of NEW Registered Agent and/or NEW Registered		<b>⊋</b> □				
	1200 South Pine Island Road				ω ώ		
	NEW Registered Office Address;			.·	ယ်		
	Plantation	3333	1				
	Flantauon , Fl	33324	<del>•</del>	<del> </del>			
the cha agent v	Imited liability company is not organized under the lartinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the reg ability of of the lin limited	istered o company nited lis liability	office and the business office of y, it is hereby confirmed that the ability company or as otherwise y company.	f the registered e change(s)		
	rude V. Bell	Cr	aig D.				
	ture of a member or authorized representative of a member			Printed or typed name of signer			
provisi he obl ovnere notified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.  Madon  Assistan	perjorn d for in hereby o na Cu(	nance of Chapter confirm di <b>hy</b>	s capacity. I further agree to co if my duties, and I am familiar w ir 605, F.S. Or, if this document that the limited liability compar	mply with the ith and accept is being filed ny has been		
Signatur	re of Registered Agent		-				
	Illulgion of Cornerations PO 1	Ray 632	7 Toll	lahassee, FL 32314			