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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	03/27/2019	
Name:	Merritt Walker	
Reference	#: 1052647	! !
Entity Nar	me: M&M PIPELIN	E ACQUISITION LLC
☐ Am ☐ Cha	icles of Incorporation/Authorizationendment ange of Agent instatement inversion inger isolution/Withdrawal	to Transact Business To Transact Business
	titious Name	
Oth	ner	
Authorized Signature	d Amount: \$25	

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

. (a)	<u></u>	<u>!</u> (b)	
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		Change
	March 1, 2012		M12000001178
	Date of filing/registration in Florida	1.	Document number
. (a)	CT Corporation System		
. ()	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	.
	Plantation , F	33324	2019 HAR (
(b)	COGENCY GLOBAL INC.		ASSET
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	od Office address:	## 9:
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:	-	
	Suite 4	<u> </u>	
	Tallahassee, F	L 32301	
he cha gent w vas/we	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered liability compai of the limited l	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/S/ Kent Mclain		Kent Mcl	
•	ure of a member or authorized representative of a member	1	Printed or typed name of signee
l herel provisi he obl	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provide by reflect a change in the registered office address.	grèe to act in th e performance led for in Chapt I bereby confir	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accep fer 605, F.S. Or, if this document is being filed on that the limited liability company has been

Tim Mayville, Assistant Secretary

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

INHS18 (2/14)

Signature of Registered Agent