## Plorida Department of State Division of Corporations Electronic Ailing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

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

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

Email Address:

#### LLC REGISTERED AGENT CHANGE

### KINDER MORGAN ADMINISTRATIVE SERVICES TAMP

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8/7/2017

#### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

SHOM	tant to the provisions of sections 603 its the following statement in order	i.0114 or 605.0116, to change Its regi	Florida Statutes istered office or	s. the undersigned limited liabid registered agent, or both, in	lity company the State of		
Florida.  1. Name of the Limited Liability Company: LLC			DRGAN ADMINISTRATIVE SERVICES TAMPA				
2. (a	1001 LOUISIANA STREET, SUITE 1000 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 1001 LOUISIANA STREET, SUITE 1000  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	HOUSTON, TX 77002		HOUS	STON, TX 77002			
_	3/6/2001	·	M13000	· · · · · · · · · · · · · · · · · · ·			
3.	Date of filing/registration	in Florida	4.	Document number			
5. (a	/			<del>-</del>			
	Registered Agent and Registered Office sh		he Florida Dept. of S	tote:			
	1200 SOUTH PINE ISLAND Registered Office Address (MUST RE		nnbecci				
	Registored Office Address (MUST NE	<u>PLOKIDA SI KBAI A</u>	DDK1991				
	PLANTATION	, FL_	33324	_			
(b	Capitol Corporate Services,	Inc.					
	Enter name of NEW Registered Agent an	d/or <u>NEW Registered</u> (	Office address:		电影 耳	ġ.	
	515 East Park Avenue 2nd	FI		<del></del>		द न	Ä
	NEW Registered Office Address:					<b>v</b> 5	
				<u> </u>		ω	11
	Tallahassee	, FL_	32301		-11 -11 -11	至	نب
the clagent was/	limited liability company is not organinge or changes are made, the Floric will be identical. Or, in the case of evere authorized by an affirmative vot ticles of organization or the operating	la street address of t a Florida limited lini e of the members of	the registered off bility company, i f the limited liabi	ice and the business office of the is hereby confirmed that the colling company or as otherwise p	he regimered hange(s)	11 &	
<u>3,,</u>	- Parlaki	<del></del>	Brian Rade	ki, Attorney-In-Fact			
	where of a member or authorized representative to the appointment as regists stong of all statutes relative to the problem of my position as registered in the registered of the writing of this change.			Printed or typed name of signee	ply with the h and accept s being filed has been		
	Oclanu Case ture of Registered Agent	Delanie	Case, Assist	ant Secretary on			
aigii0			•	porate Services, Inc.			
	Division of Cor	porations• P.O. B FILING FE		1938ee, FL 32314			

INHS18 (2/14)