M13000003877

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| . (Add | dress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900252246779

10/10/13--01026--011 **25.00

13 OCT 10 PM 2: 57 SECRETARY OF STATE

OCT 1 4 2013

T. BROWN



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: October 8, 2013

Order#: 820951-222

Re: SUNOCO LOGISTICS PARTNERS OPERATIONS GP LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: SUNOCO LOGIS | STICS PARTNERS OPERATIONS GP LLC |
|---|--|
| 2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>) | r: 1818 Market Street, Suite 1500 Philadelphia, PA 19103 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 1300 |
| 06/18/2013 | M13000003877 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on t | the records of the Florida Dept. of |
| Registered Agent: | C T Corporation System |
| Registered Office Address: | 1200 South Pine Island Road Plantation, FL 33324 |
| | |
| (b) Enter name of NEW Registered Agent and/or NEV | V Registered Office address: |
| <u>NEW</u> Registered Agent: | Corporation Service Company |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street |
| | Tallahassee ,FL 32301 |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member of authorized representative of a member | orida street address of the registered office |
| Dona Priebe, Authorized Person Printed or typed name of signee | _ |
| I hereby accept the appointment as registered agent and as comply with the provisions of all statules relative to the pround I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change. |
| By: lunger | |
| Signature of Registered Agent Corporation Service Company | Sylvia Queppet, Asst. Vice President |
| Division of Corporations P.O. Roy 63 | 77 Tallahassaa Fl 32314 |

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