

MIS 00000 1344

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000261367 3)))



H150002613673ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

RECEIVED

15 NOV -2 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
BRIDGER TRANSPORTATION, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED  
15 NOV -2 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV - 3 2015

Electronic Filing Menu

Corporate Filing Menu

Help/IVERS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRIDGER TRANSPORTATION, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy S. Brown

Name of Person

Ferrellgas

Firm/Company

One Liberty Plaza

Address

Liberty, MO 64068

City/State and Zip Code

taxsupport@ferrellgas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy S. Brown

Name of Person

at ( 816 ) 792-1600

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**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. Name of the limited liability company: BRIDGER TRANSPORTATION, LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
15510 WRIGHT BROTHERS DR  
ADDISON, TX 75001

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
One Liberty Plaza  
Liberty, MO 64068

3. 02/19/2015 Date of filing/registration in Florida  
4. M15000001344 Document number

5. (a) NRAI SERVICES, INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

(b) C T Corporation System  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
  
NEW Registered Office Address:  
1200 South Pine Island Road  
  
Plantation, FL 33324

FILED  
15 NOV - 2 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Cathy S. Brown  
Signature of a member or authorized representative of a member  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

C T Corporation System  
By: Katherine Lackey  
Signature of Registered Agent

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