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(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 4, 2017

Order#: 446828-020

Re: SPO MANAGEMENT LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Ami Casper

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 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.	Na	me of the limited liability company: SPO MANAGEM	MENT LL	.C			
2.	(a)	1000 Fifth Street, Suite 230	(b)			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Miami Beach, FL 33139					
		05/08/2015	_	M15000003602			
3.		Date of filing/registration in Florida	4.	Document number			
5.	(a)	Davor Zgaljic					
٠.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:					
		1000 Fifth Street, Suite 230					
		Registered Office Address (MUST BE FLORIDA STREET A	2				
							
		Miami Beach , FL	33139	<u> </u>			
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		1201 Hays Street					
		NEW Registered Office Address:					
							
		Tallahassee , FL	32301				
the age	e cha ent w is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ibility co f the lim	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in			
	/s/ D	avor Zgaljic	Dav	or Zgaljic, Authorized Person			
	Signat	ure of a member or authorized representative of a member		Printed or typed name of signee			
pre the to	ovisi e obli mere	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change.	ee to act perform I for in C iereby co	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been			
Si	gratui	re O Registered Agent Corporation Service Company	BY: Sy	ylvia Queppet, Asst. Vice President			