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Account Number: 120160000086 Phone : (561)508-5033 ; (561)694-1639 Fax Number

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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. N	ame of the limited liability company: Koch Ag & Ener	rgy, LLC			
2. (a)	4111 East 37th Street North	(b)	1 East 37th Street North		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Wichita, KS 67220	Wic	Wichita, KS 67220 M16000002073		
	03/11/2016	M16			
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	C T CORPORATION SYSTEM				
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:		
	1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2 1 21		
(b)	PLANTATION , F	L_33324	FIL 13UL 13		
	United Agent Group Inc.		in [T]		
	Enter name of NEW Registered Agent and/or NEW Registers	d Office address:			
	801 US Highway 1				
	NEW Registered Office Address:		·		
	North Palm Beach	L			
change ag e nt v was/w	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the State e registered offi iability compan of the limited li e limited liabilit	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in		
Signa	ture of a member or authorized representative of a member	THI Savil	Printed or typed name of signee		
I here provisi the obi	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. Denielle Gossman,	e performance of ed for in Chapte hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been		

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

Signature of Registered A

. . . .