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DEC - 3 2008

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE: 806092

AUTHORIZATION

COST LIMIT

ORDER DATE: December 3, 2008

ORDER TIME : 10:11 AM

ORDER NO. : 806092-007

CUSTOMER NO: 7676018

CHANGE OF AGENT

NAME: FREEPORT-MCMORAN ENERGY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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:	FREEPORT-MCMORAN ENERGY LLC
2. (a) Principal office address of limited I (Note: MUST BE STREET ADD	iability company: 1615 Poydras Street RESS Attn: Tax Department New Orleans, LA 70112
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE	
11/18/1998	بن نی <u>این کا این کار کا این </u>
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered C	office shown on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered A</u>	gent and/or NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
that after the change or changes are made, office of the registered agent will be identicated.	nized under the laws of the State of Florida, it is hereby confirmed the Florida street address of the registered office and the business cal. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the
(Signature of a member or authorized representative of a	member)
Douglas N. Currault II (Printed or typed name of signee)	
	red agent and agree to act in this capacity. I further agree to elative to the proper and complete performance of my duties, and I so my position as registered agent as provided for in Chapter 608, nerely reflect a change in the registered office address, I hereby has been notified in writing of this change.

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

INHS18 (05/08)

(Signature of Registered Agent) Sylvia Queppet, Asst. VP