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Division of Corporations

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Division of Corporations

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: T2CO EMERGY, INC. : 076424001012

Phone Fax Number : (813)228-1431 : (813)228-1328

Enter the conil address for this business entity to be used for future annual report smilings. Enter only one email address please.

Enmil Address:

REGISTERED AGENT CHANGE TECO OIL & GAS, INC.

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Abbreviations:

HS: Host send HR: Host receive WS: Waiting send PL: Polled local PR: Polled remote MS: Mallbox save MP: Mailbox print RP: Report

FF: Fax Forward

CP: Completed

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FA: Fall TU: Terminated by user G3: Group 3 EC: Error Correct

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTÉRED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: TECO Oil & Gas, Inc.
2. The principa	office address: 702 N. Franklin Street, Tampa, FL 33602
3. The mailing	address (if different): P.O. Box 111, Tampa, FL 33601
4. Date of inco	poration/qualification: 04/07/1995 Document number: P95000027701
	d street address of the current registered agent and registered office on file with the urtment of State: (If resigned, enter resigned)
•	C. A. Attal, III
	702 North Franklin Street
	Tampa, FL 33602
6. The name an (if changed);	d street address of the new registered agent (if changed) and /or registered office
	David M. Nicholson
	702 North Franklin Street
	P.O. Box NOT acceptable
	Tampa, FL 33602
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wathorized by	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Jely Signal	David E. Schwartz, Corporate Secretary Printed or typed name and title
I hereby accept	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my dulies, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Dur	Date 9/z/14
	chalf of an entity:
David M. N	
	yped or Printed Name
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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