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### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4000

From:

Account Name

: FLORIDA PROGRESS CORPORATION

Account Number: 072720000173 Phone

: (727)824-6515

Fax Number

: (727)824-6537

## REGISTERED AGENT CHANGE

MESA HYDROCARBONS, INC.

Certificate of Status	
Certified Copy	
Page Count	01
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida	
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Mesa Hydrocarbons, Inc.	-
2. The mailing address of the corporation:  One Progress Plaza-Suitel5A	
St. Petersburg, FL 33701	_
3. Date of incorporation/qualification: 8/25/97 Document number: P97000074209	
4. The name and address of the current registered agent and office;	
Pauline M. Fry	
One Progress Plaza - Suite 1500 PM 8	
St. Petersburg, FL 33701	-
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)	
Suzanne C. Goodwin	
One Progress Plaza - Suite 15B	
St. Petersburg, FL 33701	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
(Signature of an officer, chairman of the board)  (Date)	
dames E. Schroeder, President	
(Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.	
Sugarne Coodwin 12/27/00	
(Signature of Registered Agent)  If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	
CRIENTONO	

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS