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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT:	Edgen Murray Corporation		
Name of Corporation			
DOCUMENT NUMBER:	DCUMENT NUMBER: F07000000652		
The enclosed Statement of Char	nge of Registered Office/Agent a	and fee are sul	bmitted for filing.
Please return all correspondence	e concerning this matter to the fo	ollowing:	·
	n Fridge		
Name of Contact Person		_	
Edgen Murra	ay Corporation		
Firm/Company		_	
155 Gei	rrald Road		
Address	 -	_	
Simms.	TX 75574		
City/State and Zip Code		_	
,	edgenmurray47@gma	il.com	
E-mail address: (to be used f	or future annual report notification		
For further information concern	ning this matter, please call:		
Sarah Fri	dge at (817 _) _	752-9149 Paytime Telephone Number
Name of Contact		C-4- 6- D	Talantana Manakana

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

USA in order to change its registered office or registered agent, or both, in the State of Flor 1. The name of the corporation: Edgen Murray Corporation						
2. The name of the corporate	on:					
2. The principal office addre	Baton Rouge, LA 70809					
3. The mailing address (if di	fferent): 155 Gerrald Road, Simms, TX 75574					
4. Date of incorporation/qual	fification: 02/02/2007 Document number: F07000	on: 02/02/2007 Document number: F07000000652				
5. The name and street addre	ess of the current registered agent and registered office on file with the te: (If resigned, enter resigned)					
	C T CORPORATION SYSTEM	• **;				
	1200 SOUTH PINE ISLAND ROAD	ALL X	2024 JUN			
	PLANTATION, FL 33324	(;) (;)	UN 21			
6. The name and street address of the (if changed):	ss of the new registered agent (if changed) and /or registered office	- \				
	Registered Agents Inc.	Œ.	6.1			
	7901 4th St N STE 300					
	P.O. Box NOT acceptable					
	St. Petersburg, FL 33702					
The street address of its regi	istered office and the street address of the business office of its reg	gistered a	igent.			
as changed will be identical		er so				
_	I by resolution duly adopted by its board of directors or by an offici the corporation has been notified in writing of the change.					
Such change was authorized authorized by the board, or the second of the	Robert Mathes - CFO					
Such change was authorized authorized by the board, or a signature of an officer of the appoints I further agree to comply with of my duties, and I am famil document is being filed mer.	Robert Mathes - CFO The director Printed or typed name and title The provisions of all statutes relative to the proper and complete iter with and accept the obligation of my position as registered age ely to reflect a change in the registered office address. Thereby co		nanc if thi at the			
Such change was authorized authorized by the board, or a support of an officer of the appoints of the family of my duties, and I am family document is being filed mer corporation has been notific	Robert Mathes - CFO I director Printed or typed name and universe nent as registered agent and agree to act in this capacity, the the provisions of all statutes relative to the proper and complete iar with and accept the obligation of my position as registered age ely to reflect a change in the registered office address. Thereby co- ed in writing of this change.		nanc if thi at the			
Such change was authorized authorized by the board, or a signature of an officer of the appoint of the agree to comply with a gree to comply with a gree to comply with a gree to complete the appoint of my duties, and I am family document is being filed mer corporation has been notifice. David Koberts Signature of Register.	Robert Mathes - CFO Printed or typed name and title ment as registered agent and agree to act in this capacity, ith the provisions of all statutes relative to the proper and complete iar with and accept the obligation of my position as registered age ely to reflect a change in the registered office address, I hereby con ed in writing of this change. 6/5/2024		nanc if thi at the			
Such change was authorized authorized by the board, or a support of an officer of the appoints of the family of my duties, and I am family document is being filed mer corporation has been notific	Robert Mathes - CFO Printed or typed name and title ment as registered agent and agree to act in this capacity, ith the provisions of all statutes relative to the proper and complete iar with and accept the obligation of my position as registered age ely to reflect a change in the registered office address, I hereby con ed in writing of this change. 6/5/2024		nanc if thi at the			

* * * FILING FEE: \$35.00 * * *