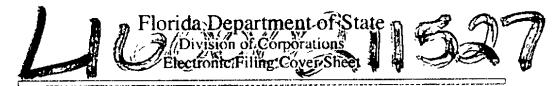
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone

: (561)694-8107

Fax Number

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

Oran i l	Address:		

LLC REGISTERED AGENT CHANGE MEWBOURNE CAPITAL, LLC

Certificate of Status	0
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Page Count	02
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DCT - 3 2019

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.

Name of the limited liability company: MEWBOURNE CAPITAL, LLC TO STATE AND ADDRESS BALLAR BOAD TO ST						
2. (a)	505 EAST ALEXANDER PALM ROAD		(b) 505 EAST ALEXANDER PALM ROAD			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	BOCA RATON, FL 33432		BOCA RATON, FL 33432			
	11/18/2016		L16000211527			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	CORPORATION SERVICE COMPANY					
	Registered Agent and Registered Office shown on the records 1201 HAYS STREET	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STRE	(5)				
	TALLAHASSEE	FL 32301-	2525 			
(b)	Corporate Creations Network Inc.					
(0)	Enter name of NEW Registered Agent and/or NEW Register	ress:				
	11380 Prosperity Farms Road #221E					
	NEW Registered Office Address:					
	Palm Beach Gardens	, FL_33410				
the cha agent was/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the regis d liability co ers of the lim	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in			
/s/ Caitlin Lazarus			Caitlin Lazarus, Attorney-in-Fact			
•	ture of a member or authorized representative of a member		Printed or typed name of signee			
I hara	by accent the appointment as revistered agent and	agree to act	in this capacity. I further agree to comply with the			

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Caitlin Lazarus

Caitlin Lazarus, Special Secretary

Signature of Registered Agent