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COVER LETTER

Division of Corporations	
BLUEBONNET NATURAL RESOURCES II	I, LLC
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Damaso W. Saavedra	
Name of Person	
Saavedra-Goodwin	
Firm/Company	
888 S.E 3rd Avenue, Suite 500	
Address	
Fort Lauderdale, Florida 33316	
City/State and Zip Code	
dpazo@saavlaw.com	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
Deanna Pazo 95 at (767-6333
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

• 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.

i.	Na	me of the limited liability company:	NATUE	RAL RESOUR	CES III, LLC				
2.	(a)			(b)					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address (Note: MA)		•		
		4860 NE 12TH AVENUE		4860 NE 1	2TH AVENU	TH AVENUE			
		FORT LAUDERDALE, FL 33334	_	FORT LAUDERDALE, FL 33334					
		03/27/2019		L19000085	033				
3.		Date of filing/registration in Florida	_ 		Document r	umber			
5.	(a)	Saavedra, Damaso W, Esq.							
J. (u	(4)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept, of Stat	te:	ω	2(
		D. C. JOS. ALL AMIST BE ELOND A STREET	40000		_	12 13 13 13 13 13 13 13 13 13 13 13 13 13)2! /		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 312 S.E. 17th Street Second Floor					ant.		
					_	27 P			
		Fort Lauderdale , FI	_33316 		_	SA P I			
(b	(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office	address:	_		80		
		Enter Barne of the 55 Registered Agent and of 15255 Registered office address.							
		Saavedra, Damaso W, Esq.							
		NEW Registered Office Address:			-				
		888 S.E 3rd Avenue, Suite 500							
		Fort Lauderdal	22216						
		, FI			_				
WA	S/W(imited liability company is not organized under the large or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited livere authorized by an affirm affive vote of the members of icles of organization or the operating agreement of the	limite	ітиеа набин	iy company c n <mark>pan</mark> y.	or as other	wise p	provided in	
S	igna	ture of a member of authorized representative of a member	1	<u> </u>	Printed or typ	ed name of	signee	<u> </u>	
pro the to i not	ovisi obl mera tified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of mappositionias registered agent as provide elv reflect a diangetin the registered office address, I din writing dithis change.	ree to a perfor d for it hereby	ict in this cap mance of my i Chapter 602 confirm that	acity. I furth duties, and I 5, F.S. Or. if the limited li	ner agree am famili this docu ability co	to con iar wit ment i mpany	iply with the h and accept s being filed has been	
Sig	gnatu	re of Registered Agent							