M13000003174

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

16 JUN 22 AM 11:01

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

Email Address: steve.oyloe@gmail.com

2016 JUN 22 PM 5:14

LLC REGISTERED AGENT CHANGE
BAKKEN OPPORTUNITY FUND MANAGEMENT, LLC

Certificate of Status	1
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Page Count	03
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JUN 23 2016

S. YOUNG

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAKKEN OPPORTUNITY FUND MANAGEMENT, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myra Simmons
Name of Person

Capitol Corporate Services, Inc. (Registered Agent Dept.)
Firm/Company

PO Box 1831
Address

Austin, TX 78767
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myra Simmons at (800) 346-4647
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

16 JUN 22 AM 11:01

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Brian Radecki 800-432-3622 (03/03) 06/22/2016 03:48:42 PM

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.

1. Name of the Limited Liability Company: BAKKEN OPPORTUNITY FUND MANAGEMENT, LLC

2. (a) 1090 ELDORADO AVE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

CLEARWATER, FL 33767

(b) 727 14TH STREET WEST
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

WILLISTON, ND 58801

3. 5/17/2013
Date of filing/registration in Florida

4. M13000003174
Document number

5. (a) RUSSELL, DON
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

1090 ELDORADO AVE
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

CLEARWATER, FL 33767

(b) Capitol Corporate Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address

155 Office Plaza Dr Ste A
NEW Registered Office Address:

Tallahassee, FL 32301

16 JUN 22 AM 11:01

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Delanie Case

Signature of Registered Agent

Delanie Case, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: $25.00

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