Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC. CO

Account Number: 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

Email Address:

LLC REGISTERED AGENT CHANGE WEATHERFORD CAPITAL FUND I GP, LLC

Certificate of Status	0
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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is: Weather	erford Capital Fund I GP, LLC
2. (a) Principal office address of the limited liability company:	100 N. TAMPA ST.
(Note: MUST BE STREET ADDRESS)	SUITE 2320
More, MOST BE STREET ADDRESS!	TAMPA FL 33602
(b) Mailing address of limited liability company:	100 N. TAMPA ST.
(Note: MAY BE POST OFFICE BOX)	SUITE 2320
	TAMPA FL 33602
4/15/2020	M20000003717
3. Date of filing/registration in Florida	4. Document number
5.(a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
•	NORTHWEST REGISTERED AGENT LLC
Registered Agent:	
Registered Office Address:	
	SUITE 300
	ST. PETERSBURG FL 33702
(b) Enter name of NEW Registered Agent and/or NEW R	egistered Office address:
NEW Registered Agent:	Corporate Creations Network Inc.
	20
NEW Registered Office Address:	801 US Highway 1
(MUST BE FLORIDA STREET ADDRESS)	
	North Palm Beach Fl. 33408 C1
or changes are made, the Florida street address of the registered identical. Or, in the case of a Florida limited liability company an affirmative vote of the members of the limited liability company, the operating agreement of the limited liability company.	of the State of Florida, it is hereby confirmed that after the change of office and the business office of the registered agent will be it is hereby confirmed that the change(s) was/were authorized by any or as otherwise provided in the articles of organization or
(Signature of a member or authorized representative of a member)	
Nicholas Nichols, Attorney-in-Fact (Printed or Typed name of signee)	
of all statutes relative to the proper and complete performance my position as registered agent as provided for in Chapter 605 in the registered office address, I hereby confirm that the limite Nicholas Nichols, Special Se (Signature of Registered Agent) Division of Corporations, P.O. E	cretary
INBSI8(10/99)	
Corporate Creations International	
801 US Highway 1 North Palm Beach FL 33408 (561) 694-8107	