105000033959

| • | | |
|---|---|--|
| (Requestor's Name) | | |
| | | |
| (Address) | | |
| | _ | |
| (Address) | | |
| (City/State/Zip/Phone #) | _ | |
| (Olsyl Called Elph Hollo II) | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | _ | |
| | | |
| Certified Copies Certificates of Status | _ | |
| | | |
| Special Instructions to Filing Officer: | 7 | |
| | 1 | |
| | | |
| | ł | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400059807644

Delight, Distance and Attended.

2005 NOV 30 AM 10: 42
SECRETARY OF STATE
TALLAHASSEE. FLORID

TEMO

25°,00

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Big Boy INVESTMENTS LLC (Name of Limited Liability Company) |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| David Piersante (Name of Person) |
| Big Boy Tancest MENTS WC 2005 NOV 30 PORT (Pirm/Company) 12641 TVORY Stone Loop SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS |
| 12641 IVORY STONE LOOD SEE S |
| (Address) |
| 12641 IVORY StoNE LOOD SAN SO PARTIES AND CONTROL City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| David Piersante. at (2.39) 989-7887 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| |
| Enclosed is a check for the following amount: |

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

☐ \$30.00 Filling Fcc &

Certificate of Status

17 \$25.00 Filing Fee

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

△ \$60.00 Filing Fec.

Certificate of Status &

(additional copy is enclosed)

Certified Copy

\$55.00 Filing Fee & Certified Copy

(additional copy is enclosed)

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

| Pursuant to the provisions of sections 608.416 or 608.508, liability company submits the following statement in order to agent, or both, in the State of Florida. | change its registered office or registered |
|--|--|
| 1. The name of the limited liability company is: Big Be | 04 INVESTMENTS LLC. |
| 2. The mailing address of the limited liability company is: | 12641 IVORY STONE LOOP |
| St. MYERS | FLORIDA 33913 |
| ADR. 4 2005 | 4050000 33959 |
| | . Document number |
| 5. The name of the registered agent and the registered office and Florida Department of State: Name 12641 EVERY Address H. MUERS, FLORID City, State and Zip Name 12641 TVORY Florida street address (P.O. Box No. 1264) H. MUERS FL City, State and Zip | HONE LOOP STATE HONE LOOP STATE OF STAT |
| If the limited liability company is not organized under the laws confirmed that after the change or changes are made, the Florid and the business office of the registered agent will be identical. liability company, it is hereby confirmed that the change(s) was the members of the limited liability company or as otherwise prothe 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 comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligations of my position of the proper confirm that the limited liability company has the limited lia | s of the State of Florida, it is hereby la street address of the registered office Or, in the case of a Florida limited s/were authorized by an affirmative vote of rovided in the articles of organization or e to act in this capacity. I further agree to and complete performance of my auties, on as registered agent as provided for in reflect a change in the registered office is been notified in writing of this change. |

Division of Corporations, P.O. Box 6327, Tailahussee, FL 32314

FILING FER: \$25.00