L1000011290

	(Requestor's Name)			
	(Address)	 		
	(Address)			
	(City/State/Zip/Phone #)			
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(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATION

JUN 1 5 2015

8 MASON

COVER LETTER

TO: Registration Section Division of Corporations					
Big Boss V, LLC					
	of Limited	d Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change	and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to	the following:			
Debbie Link					
Name of Person					
Phillips Energy, Inc.					
Firm/Company					≘
806 West James Lee, Blvd.			SEC	15 J	SECR
Address		<u></u>	AHAS	Z	NETA-
Crestview, FL 32536			RY OF	2 №	CORF
City/State and Zip Code			OF SIM	AM 4: 36	TOF STATE CORPORATIONS
debbie@phillipsenergyinc.com			합류	36	HOH
E-mail address: (to be used for future annu	ial report n	otification)			1.0
For further information concerning this matter,	please call:				
Debbie Link	850	682-5127			
Name of Person		Area Code & Daytime Telephone 1	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)

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. N	
2. (a)	ess Centre Dr
z. (u)	iling address of limited liability company: Note: MAY BE POST OFFICE BOX)
	R BEACH, FL 32550
	290
3. 5. (a	Occument number
(u	
	91VISI 15 7A
(b	JUN 12 JUN 12 ECRETARY ELLAHASS
\ -	OFF.
	NETARY OF STATE CHARSSEE. FLORIDA
	17.0 M
the clagent was/v	ida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
	s, Manager
I her provi	Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed at limited liability company has been
the clagent was/vithe at	and the business offi hereby confirmed the company or as other pany. S. Manager Printed or typed name of