

L100000067585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100273840221

06/12/15--01006--021 **600.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 12 AM 4:38
TALLAHASSEE, FLORIDA

JUN 15 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Big Boss XVI, 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:

Debbie Link

Name of Person

Phillips Energy, Inc.

Firm/Company

806 West James Lee, Blvd.

Address

Crestview, FL 32536

City/State and Zip Code

debbie@phillipsenergyinc.com

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

For further information concerning this matter, please call:

Debbie Link

Name of Person

850

at ()

682-5127

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

FILED
15 JUN 12 AM 4:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: Big Boss XVI, LLC 2067
2. (a) 42 Business Centre Dr
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 101
MIRAMAR BEACH, FL 32550
- (b) 42 Business Centre Dr
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 101
MIRAMAR BEACH, FL 32550
3. 06/23/2010
Date of filing/registration in Florida
4. L10000067585
Document number
5. (a) PARACORP INCORPORATED
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
155 OFFICE PLAZA DRIVE
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
1ST FLOOR
TALLAHASSEE, FL 32301
- (b) Debbie Link
Enter name of NEW Registered Agent and/or NEW Registered Office address:
806 West James Lee Blvd.
NEW Registered Office Address:
Crestview, FL 32536

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 12 AM 4:38
TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

Rupert Phillips, Manager

Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent

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