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(Re	equestor's Name)							
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	MAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	Certificates	of Status						
Special Instructions to Filing Officer:								
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SECRETARY OF STATE

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JUN 1 5 2015 S MASON

COVER LETTER

,	COVER DETTER
TO: Registration Section Division of Corporations	
Big Boss XI, LLC	
	of Limited 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 m	matter to the following:
Debbie Link	
Name of Person	
Phillips Energy, Inc.	
Firm/Company	
806 West James Lee, Blvd.	·a
Address	——————————————————————————————————————
Crestview, FL 32536	LAHASSEE. FLORID
City/State and Zip Code	
debbie@phillipsenergyinc.com	, OR
E-mail address: (to be used for future annual	
For further information concerning this matter, ple	please call:
Debbie Link	850 682-5127
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 an	amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

15 JUN 12 AH 4:37

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.	Na	me of the limited liability company: Big Boss XI, L	.LC	3040				
2.	(a)	42 Business Centre Dr	(b) 42 Business Centre Dr					
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-	<i>'</i> ———	Mailing address of limi (Note: MAYBE PC			
		Suite 101		Suite 10	1			
		MIRAMAR BEACH, FL 32550	_ _	MIRAMA	AR BEACH, FL	32550		
		06/23/2010		L1000006	38048			
3. 5	(a)	Date of filing/registration in Florida PARACORP INCORPORATED	4.		Document numbe	ot.		
٥.	(4)	Registered Agent and Registered Office shown on the records of the 155 OFFICE PLAZA DRIVE	ne Florida	a Dept. of State	- B;			
		Registered Office Address (MUST BE FLORIDA STREET A. 1ST FLOOR	-					
		TALLAHASSEE , FL	32301		-	Z SS	귥	SIVIG
	(b)	Debbie Link				CSEI	NOT	CRET
	. ,	Enter name of NEW Registered Agent and/or NEW Registered C	Iffice ad	dress:	•	SSE VENEZIA	12	ARY CO
		806 West James Lee Blvd.					3	Y OF STATI
		NEW Registered Office Address:			-	STATE	L: 37	S TATE RATION
		Crestview , FL	32536		-			7.6
the ago	cha ent v s/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility co the lin imited	stered office ompany, it is nited liability liability com	e and the business s hereby confirmed y company or as of apany.	office of d that the	the reg	gistered e(s)
	ignat	ture of a member or authorized representative of a member	Ru	pert Phillip	os, Manager Printed or typed nam	a of cianaa		
I he the to not	nerei ovisi obli nere ified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided lyveffect a change in the registered office address, I ha ifn yriting of this change.	e to ac perform for in (ereby c	t in this cape ance of my e Chapter 605 onfirm that i			_	ith the accept g filed seen
V								