Page 1 of 2

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000017226 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

\*RE-SUBMIT\*

Please retain original filing

From:

Account Name : C T CORPORATION

Account Number: FCA000000023 QUIE Of SUDMISSION
Phone: (850) 205-8842 QUIE Of SUDMISSION

: (850)878-5368 Fax Number

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

Email Address:

## REGISTERED AGENT CHANGE BP CORPORATION NORTH AMERICA INC.

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January 22, 2016

FLORIDA DEPARTMENT OF STATE

BP CORPORATION NORTH AMERICA INC. Division of Corporations
501 WESTLAKE PARK BOULEVARD
HOUSTON, TX 77079US

SUBJECT: BP CORPORATION NORTH AMERICA INC.

REF: P13669

Please retain original filing date of submission 1/21

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE LIST THE PRINCIPAL OFFICE AND MAILING ADDRESS IN SECTIONS 2 AND 3 OF THE CHANGE OF REGISTERED AGENT FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III FAX Aud. #: H16000017226 Letter Number: 016A00001423



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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SURI	BP CORPORATION NORTH AMERICA IN	VC,
SOL	ECT: Name of (	Corporation
	P13669	
DOC	UMENT NUMBER:	
The er	nclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matt	er to the following:
•		
	Name of Co	ontact Person
	Firm/C	ompany
	· · · ,	dress
	1	
	City/State a	and Zip Code
	E-mail address: (to be used for	future annual report notification)
For fin	rther information concerning this matter, please	call:
		at () Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35,00 check made payable to the Depar	rtment of State.
	· · · · · · · · · · · · · · · · · · ·	
	Mailing Address	Stungt Addungs
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
٠.		Tallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	change is submitted for a corporation (	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Indiana registered agent, or both, in the State of Florida.
1. The name of	of the corporation: BP CORPORATION	NORTH AMERICA INC.
		ake Park Boulevard, Houston, TX 770
3. The mailing	g address (if different):	
4. Date of inc	orporation/qualification: 03/18/1987	Document number: P13669
	and street address of the current registed partment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)
	THE PRENTICE-HALL CORPORA	ATION SYSTEM INC.
	1201 HAYS STREET SUITE 105 TA	· · · · · · · · · · · · · · · · · · ·
		<b>₽</b> 5
6. The name a		d agent (if changed) and /or registered office
•	C T Corporation System	
	c/o C T Corporation System, 1200 So	outh Pine Island Road
		ox NOT acceptable
•.	Plantation, Florida 33324	
	-A	street address of the business office of its registered agent,
Such change authorized by	was authorized by resolution duly add the board or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.
Sion	articles of other or director	Jennifer Kurz Vice President  Printed or typed name and little
I hereby acce I further agri performance	of the appointment as registered ager to comply with the provisions of all of my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.
Ву:	opporation System	1/20/2016
	Signature of Registered Agent	Date
If signing on l	behalf of an entity:	
<del></del> .	Typed or Printed Name	
	* * * FILING	G FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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