

F22000003538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

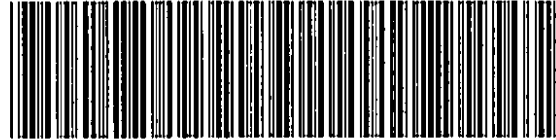
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A BILLING SOLUTION INC NEVADA

Name of Corporation

DOCUMENT NUMBER: F22000003538

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Sensabaugh

Name of Contact Person

NCH REGISTERED AGENT

Firm/Company

4730 S FORT APACHE RD STE 300

Address

LAS VEGAS, NV 89147

City/State and Zip Code

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

For further information concerning this matter, please call:

Lisa Sensabaugh

Name of Contact Person

at (702) 873-3488

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NEVADA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A BILLING SOLUTION INC NEVADA
2. The principal office address: 1257 Wispy Cypress Dr. Kissimmee, FL 34746

3. The mailing address (if different): 4327 S HIGHWAY 27 #612 CLERMONT, FL 34711

4. Date of incorporation/qualification: 06/01/2022 Document number: F22000003538

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DURYEA & EDWARDS CPAS LLC

120 E. CRYSTAL LAKE AVE.

LAKE MARY, FL 32746

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NCH Registered Agent

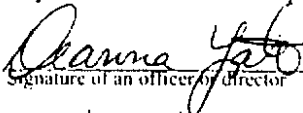
390 North Orange Ave., Ste.2300-N

P.O. Box NOT acceptable

Orlando, FL 32801-1684

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

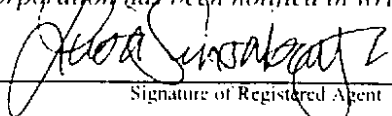
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Deanna Yates

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

7/20/2022
Date

If signing on behalf of an entity:

NCH Registered Agent
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)