Page 1 of 1 Division of Comparations

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H07000297175 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name Account Number: 072720000061

: FOLEY & LARDNER

Phone

: (904)359-2000

Fax Number

: (904)359-8700

REGISTERED AGENT CHANGE

BILLING RESOURCES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

CA Thomas DEC 13 2007

12/11/2007

Fax Audit No.: H07000297175 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is	Billing Resources, LLC		_,
2. The mailing address of the limited liability of		ра, FL 33637	<u>-</u> ·
12/07/2004	L04000088117		-*
3. Date of filing/registration in Florida	4. Document number		•
5. The name of the registered agent and the reg Florida Department of State:	istered office address as shown on the	records of the	
Foley & Lardner C	огр.		
	Name		
One Independent D			
	Address		
Jacksonville, FL 322			
City	, State and Zip		
6. The name and address of the new registered	agent and/or office:	07 C SEC FALL	
F&L Corp.			
One Independent Dr	Name	288	÷
		in C >>	į
Florida street addres	ss (P.O. Box NOT acceptable)	OF S	
Jacksonville	FL 32202	STAT	
City,	State and Zip	- ≱ ^m ω	
If the limited liability company is not organized confirmed that after the change or changes are and the business office of the registered agent we liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability.	made, the Florida street address of the r vill be identical. Or, in the case of a Fl the change(s) was/were authorized by an y or as otherwise provided in the article	registered office orida limited a affirmative vote	
(Signature of a member or authorized representative of a mem	ber)		
HNORE LANORE VILLE (Printed or typed name of signee)			
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liabilities CORP.	agent and agree to act in this capacity. ve to the proper and complete performe ns of my position as registered agent a filed to merely reflect a change in the ity company has been notified in writin	I further agree to ince of my duties, sprovided for in registered office g of this change.	

By Charles V. The College V. Hedrick, Authorized Signatory
(Signature of Registered Agent) Charles V. Hedrick, Authorized Signatory

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