



**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

— ୨୨୨ —

<b>DOCUMENT # L05000078290</b>				04-26-2006 90147 013 ****50.00	
1. Entity Name <b>INTEGRATED DISBURSEMENT SERVICES, LLC</b>					
Principal Place of Business <b>1903 TRAPNELL STREET TALLAHASSEE, FL</b>		Mailing Address <b>1903 TRAPNELL STREET TALLAHASSEE, FL</b>			
2. Principal Place of Business <b>SAME AS ABOVE</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ANDERSON, TAMMY A 1903 TRAPNELL STREET TALLAHASSEE, FL 32310</b>			7. Name and Address of New Registered Agent Name <b>n/a</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, TAMMY A 1903 TRAPNELL STREET TALLAHASSEE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <b>Tammy A. Anderson</b> <b>4/22/06</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					