

L0700000 77442

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
SMART OPTION BILLING SERVICES, LLC**

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B. KOHR

FEB 11 2010

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EXAMINER

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. Name of the limited liability company: SMART OPTION BILLING SERVICES, LLC

2. (a) Principal office address of limited liability company: 9600 NW 38 ST
☒ (Note: MUST BE STREET ADDRESS) STE 208
DORAL, FL 33178

(b) Mailing address of limited liability company:
☒ (Note: MAY BE POST OFFICE BOX) P.O. BOX 440893
MIAMI FL 33144-0893

07-27-2007
 3. Date of filing/registration in Florida

L07000077442
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 Registered Agent: OLIDEN RUBIO
 Registered Office Address: 6801 W 36 AVE STE 102
HALEAH FL
33018

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: RAFAEL RODRIGUEZ
NEW Registered Office Address: 9600 NW 38 ST
(MUST BE FLORIDA STREET ADDRESS) STE 208
DORAL FL 33178

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

JARLE DE LA TORRE
 Signature of a member or authorized representative of a member

JARLE DE LA TORRE
 Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Rafael Rodriguez
 Signature of Registered Agent

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