| Liboox | 248/13 |
|---|--------------------------------------|
| (Requestor's Name) (Address) | 900186206429 |
| (Address) (City/State/Zip/Phone #) | 10/15/1001006007 **25.00 |
| (Business Entity Name) (Document Number) | P#: 10 |
| Certified Copies Certificates of Status | THLED TH SOL |
| Office Use Only | |
| | C. LEWIS OCT 1 8 2010 EXAMINER |

× .3 COVER LETTER TO: **Registration Section Division of Corporations** SUBJECT: USCT 611 Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: rm/Company $(\mathcal{U}\mathcal{U})$ Address M City/State and Zip Code sam report notific be used for future annual For further information concerning this matter, please call: _at (<u>305_) (</u> Area Code & Daytime Telephone Number

> **STREET/COURIER ADDRESS:** Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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STATEMEN' OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

| I. Name of the limited liability company: USG | Billing Enterprise UC | |
|---|---|--|
| 2. (a) Principal office address of limited liability company: | | |
| (<i>Note: MUST BE STREET ADDRESS</i>) | 2103 COROL WAY, SHE COO | |
| (b) Mailing address of limited liability company: | | |
| (<u>Note: MAY BE POST OFFICE BOX</u>) | 2103 COROL WAY, FLEAD | |
| <u>05/05/2010</u> 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | |
| Registered Agent: | Fernandez, Hladys M | |
| Registered Office Address: | 132 FINDERA AVE | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | |
| NEW Registered Agent: | ternanaez, Glaays M | |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | ZIUZ CUYAL WAY STE. COO MIAMI, FLZZIZS | |
| 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, if 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. | | |
| Printed or typed name of signee | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my pr Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compared | agree to act in this capacity. I further agree to | |
| Signature of Registered Agen Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00 | | |
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| INHS18 (05/08) | SSECTION TO T | |