L 15000153719

(Requestor's Name)							
(Ad	dress)						
(Ad	dress)						
(Cit	ty/State/Zip/Phon	e #)					
PICK-UP	WAIT	MAIL					
(Bu	isiness Entity Na	me)					
(Document Number)							
Certified Copies	_ Certificate	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



300286433823

06/14/16--01006--025 **25.00

CLORE AND ASSESSED FRORID

2016 JUN 13 AM 11: 3

K.SALY EXAMINER JUN 14

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT:								
Nam	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Offi	ce Change an	d fee(s) are submitted for filing.						
Please return all correspondence concerning thi	s matter to the	e following:						
Irene Manko								
Name of Person								
The Billing Group								
Firm/Company								
250 congress park dr 167								
Address		·						
Deiray beach, FL 33445								
City/State and Zip Code								
irenemanko@billinggroupllc.com								
E-mail address: (to be used for future ann	ual report not	ification)						
For further information concerning this matter,	please call:							
Irene Manko	561	6762792						
Name of Person		Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314						
Enclosed is a check for the following amount:								
☑ \$25 Filing Fee	- :	\$55 Filing Fee & Certified Copy						
INHS18 (2/14)								

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: The Billing G	roup L	LC	·				
2.	(a)	7000 N Federal HWY STE 101	((b)	250 Cor	ngress Park	DR 167	•	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(رن		Mailing address o		•	
		Boca Raton, FL 33487			Delray E	Beach, FL 33	3445		
		09/09/2015	<u> </u>	L	.150001	53719		•,	
3.		Date of filing/registration in Florida	4.			Document nu	mber		
5.	(a)	Irene Manko							
	` '	Registered Agent and Registered Office shown on the records of	the Floric	da I	Dept. of State	- e:			
		250 Congress park dr 167							
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>(SS)</u>		-			
							The co	20	
		Delray Beach , FL	33445	5		-	LLAH SECRE	2016 JUH	*
	(b)						ASS	= 3	***************************************
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddı	ress:	_	COF STA	#=	
		NEW Registered Office Address:				-		ယ	
		7000 N Federal HWY STE 101							
		Boca Raton , FL	33487	7		_			
the age was the	cha ent v s/we arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law are of a member or authorized representative of a member	f the reg ability of of the ling limited	gist cor mit l lia	ered office npany, it is ted liabilit	e and the busir s hereby confi y company or npany.	ness office or rmed that the as otherwis	of the r ne char se prov	egistered ige(s)
	_	by accept the appointment as registered agent and ag	ree to a	ct i	in this can	* *	-		with the
pro the to t	visi obl nere	or uccept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I din-writing of this change.	perform d for in hereby o	na Ci coi	nce of my hapter 605 nfirm that	detty. I jurine duties, and I a 5, F.S. Or, if th the limited lia	n familiar his docume bility comp	with at nt is be any ha	with the nd accept eing filed s been
Sig	natu	re of Registered Agent							