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To:		
	Division of	Corporations
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Account Name	:	REGISTERED AGENTS	INC.
Account Number	:	120090000081	
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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T. LEMIEUX

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: \underline{C}	Catalyst I	Billir	٦g	Servic	es, LLC	<u>}</u>	
2. (a)				(b) _				
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)					failing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)		
	7901 4th St N STE 300		7901 4t			th St N STE 300		
	St. Petersburg FL 33702		St. Petersburg FL 33702				/02	
	05/01/17			L.	17000	097756		
3.	Date of filing/registration in F	lorida	- 4.		D	ocument num	ber	
5. (a)	MILLER, BRYAN P							
5. (4)	Registered Agent and Registered Office shown	on the records of t	he Flori	da De	pt. of State:			
	605 W Azeele St					(No. 2	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				MUZ JUL 19 PH 6: 4	۲ 122 JUL		
	Tampa			33606		19 19		
(b)	Northwest Registered Agent LLC						E.F.C. PH 6:	
()	Enter name of NEW Registered Agent and/or	NEW Registered	Office :	addres	<u>is</u> :			
	7901 4th St N						74	
	NEW Registered Office Address:							
	STE 300							
	St. Petersburg	, FL	3370)2				
the cha agent v was/we the arti	imited liability company is not organize ange or changes are made, the Florida st will be identical. Or, in the case of a Flo ere authorized by an affirmative vote of icles of organization or the operating ag	reet address of orida limited lia the members o reement of the	the reg ability of the li limited	gister comp imited d liab	ed office a bany, it is h d liability c ility compa	nd the busines bereby confirm company or as any.	ss office of the registered ned that the change(s)	
	ture of a member or authorized representative of	······	M	lorg	an Nobl			
						rinted or typed n	-	
i nerei provisi tha abl	by accept the appointment as registered ions of all statutes relative to the proper igations of my position as registered as	i ageni ana agr r and complete pent as provide	ee to a perfor d for in	ici m manc v Cha	mis capac re of my du inter 6D5-1	ity, 1 juriner o ties, and I am FS Or if this	familiar with and acceps for a second state of the second s	

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 605, 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 implified in writing of this change.

tlove Tom Glover - Assistant Secretary or

Signature of Registered Agent

Division of Corporations

• P.O. Box 6327
• Tallahassee, FL 32314
FILING FEE: \$25.00