Division of Corporations Electronic Filing Cover Sheet

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| count Name | : (850)617-6383 : REGISTERED AGENT SOLUTIONS INC |
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| Consider Induition | : I201000000062 |
| one | : (888)705-7274 |
| x Number | : (888)796-7274 |
| email address | s for this business entity to be used for fut |
| report maili | ngs. Enter only one email address please.** |
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LLC REGISTERED AGENT CHANGE DUVERA BILLING SERVICES, LLC

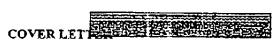
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43/1805



(((H18000164379 3)))

Registration Section Division of Corporations Duvera Billing Services, LLC 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: Amy Larimore Name of Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd. Suite 300 Address Austin, TX 78744 City/State and Zip Code (I) notices@rasi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amy Larimore Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: 2 S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LUMITED 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.

| Florida | | _ | - | ,- | _ | i, in the Bille o | |
|--|---|--|---|--|---|--|--|
| | ame of the limited liability company: | | ing s | services, LLC | | | |
| 2. (a) | Principal office address of Jimited liabi | | (| (b)(d) | | | |
| | (Note: MUST BE STREET ADDRESS) | | (b) | | | | |
| | 1910 Palomar Point Way Ste 101 | | | 1910 Paloma | omar Point Way Ste 101 | | |
| | Carlsbad CA | 92008 | - | Carlsbad | CA | 92008 | |
| | 03/29/2004 | | | M04000001 | 186 | | |
| 3. | Date of filing/registration in Florida | | | 4. Document number | | | |
| 5. (a) | | | | | | | |
| J. (L) | Registered Agent and Registered Office shown | on the records of | the Florie | in Dept, of State; | | | |
| | C T CORPORATION SY | | | | | | |
| | Registered Office Address (MUST BE FLO | | DDRES | 20 | | | |
| | 1200 SOUTH PINE ISLAND RO | AD | | | | | |
| | PLANTATION, FL 33324 | - | | | , , , , , | ? | |
| | | | | | :[7] | , | |
| ΔN | | | | | . 17 32 20 | | |
| (б) | Enter name of NEW Registered Agent and/or | NEW Registered | Office at | ddress: | د ۱ | J | |
| | | | - W.S. | | C C | | |
| | Registered Agent Solutions, Inc | • | | | , | > : | |
| | NEW Registered Office Address: | | | | ب | ù | |
| | 155 Office Plaza Dr., Suite A | | | | t, | <u>ب</u> رئ | |
| | Tallahassee | ŔĨ | 32301 | | | | |
| 76 AL - 11 | | | | | | | |
| the char | mited liability company is not organized age or changes are made, the Florida statistical Or in the case of a Florida | d under the law ret address of | s of the | State of Florida, it is | s hereby confirm | ned that after | |
| agent w | ill be identical. Or, in the case of a Flore authorized by an affirmative vote of | rida limited lia | bility c | ompany, it is hereby | confirmed that t | or me registered be change(s) | |
| the artic | les of organization or the operating agr | rement of the i | iroited | | ny or as otherwis | se provided in | |
| | Scott Vertrees | S- | _ | ott Vertrees | M | ember | |
| Signan | ire of a member or authorized representative of | member | | Printed o | timed name of sign | | |
| I hereb provisió the oblid to mercl notified | y accept the appointment as registered ins of all statiles relative to the proper gations of my position as registered age y reflect a change in the registered offi in writing of this change. | agent and agre and complete p int as provided ce address, I h | te to act perform for in t ereby c | t in this capacity. I f ance of my duties, a Chapter 605, F.S. O onfirm that the limite | further agree to cond I am familiar r, if this docume ed liability comp | comply with the with and accept nt is being filed any has been | |
| Signature | Justine Karnell | | | | | | |
| | of Fegistered Agent Assistant Secreta | arv | | | | | |

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

INHS18 (2/14)