

M 10000005032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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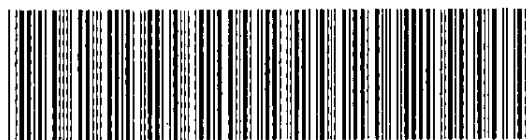
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
NOV 18 2010
EXAMINER

FILED
10 NOV 17 AM 8:19
SECRETARY OF STATE
DIVISION OF CORPORATION



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 580260 7650125

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 17 AM 8:15

ORDER DATE : November 17, 2010

ORDER TIME : 3:20 PM

ORDER NO. : 580260-005

CUSTOMER NO: 7650125

CHANGE OF AGENT

NAME: INNOVATIVE BILLING SOLUTIONS,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 17 AM 8:16

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: INNOVATIVE BILLING SOLUTIONS, LLC
2. (a) Principal office address of limited liability company: 6820 PORTO FINO CIRCLE, STE 2
FT. MYERS, FL 33912
(Note: **MUST BE STREET ADDRESS**)
(b) Mailing address of limited liability company: 6820 PORTO FINO CIRCLE, STE 2
FT. MYERS, FL 33912
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: NOVEMBER 15, 2010
4. Document number: M10000005032
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: LOUIS ROSELLINI
Registered Office Address: 6820 PORTO FINO CIRCLE, STE 2
FT. MYERS, FL 33912
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Corporation Service Company
NEW Registered Office Address: 1201 Hays Street
(**MUST BE FLORIDA STREET ADDRESS**) Tallahassee, FL 32301

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.

Signature of a member or authorized representative of a member

LOUIS ROSELLINI

Printed or typed name of signer

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.

Signature of Registered Agent

Troy Todd
as its agent

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