Madodday

(Danisatida Nissa)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	,
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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05/19/14--01035--012 **25.00

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MAY 3 0 2014

R. WHITE

14 KW 19 BY 1:



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: May 16, 2014

Order#: 122848-004

Re: BILLING ADVOCATES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Morgan Kennedy

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: BILLING ADVOC	CATES,	, LLC				
2.	(a)	816 Elm Street #206 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)				
		(MME. MUST DE STREET ADDRESS)			(ITOIE. BIAT BE	103101	T TCL B	
		Manchester NH 03101	_					
		07/27/2012	_	M120000				
3.		Date of filing/registration in Florida	4.		Document num	ber		
5.	(a)	NRAI SERVICES, INC.						
		Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of Sta	ite:			
		1200 SOUTH PINE ISLAND ROAD						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>s)</u>	4	4 11 .		
						\$ = i		
		Displation						
		Plantation , FL	33324	4		- 6 3	<u>ເດ</u>	
	/L\	Corporation Service Company					,	**
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:			. .	
						. ; ; ē		
		1201 Hays Street				3.5	.00	
		NEW Registered Office Address:						
		Tullelanes and the same and the	0000	 	-			
		Tallahassee , FL	32301		_			
the ag	e cha ent v as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi bility co f the lin	stered offic ompany, it nited liabili	ce and the busine is hereby confirm ity company or as	ss office	of the r	egistered ige(s)
		036 3	Dor	na Priebe, <i>i</i>	AUTHORIZED P			
	-	rure of a member or authorized representative of a member			Printed or typed r			
pr th to	ovisi e obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete is gations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to ac perform il for in pereby c	t in this cap nance of my Chapter 60 confirm that	pacity. I further duties, and I am 05, F.S. Or, if thi t the limited liabi	agree to I familian I docume Ility comp	comply with an ent is be pany ha	with the nd accept sing filed s been
S	gnatu	re of Registered Agent Corporation Service Company	BY:G	RACE E.	KIRBY, ASST	. VICE I	PRESII	DEN]
		Division of Cornerations a P.O. B	Ov 632	7 a Talleba	scan EI 32214			

FILING FEE: \$25.00

INHS18 (2/14)