

M1400000 4695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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T. CARTER

LLC RA/RO change

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** First 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:

Patrick Dorsey

\_\_\_\_\_  
Name of Person

First Billing Services, LLC

\_\_\_\_\_  
Firm/Company

10510 Springboro Pike

\_\_\_\_\_  
Address

Miamisburg, OH 45342

\_\_\_\_\_  
City/State and Zip Code

lsommers@firstbilling.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Sommers

at ( 888 )

670-3488

\_\_\_\_\_  
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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: First Billing Services, LLC

2. (a) _____ Principal office address of limited liability company: <u>(Note: MUST BE STREET ADDRESS)</u> <u>10510 Springboro Pike</u> <u>Miamisburg, OH 45342</u>	(b) _____ Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u> <u>10510 Springboro Pike</u> <u>Miamisburg, OH 45342</u>
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July 1, 2014

M14000004695

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Patrick Dorsey

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4940 Peaceable Way

Siesta Key, FL 34242

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Patrick Dorsey

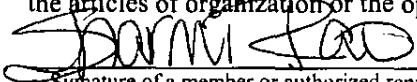
NEW Registered Office Address:

7366 Tamiami Trail

Sarasota, FL 34231

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 OCT 21 AM 11:54

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

Sharmi Rao

Printed or typed name of signee

*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 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 notified in writing of this change.*

  
Signature of Registered Agent



October 17, 2014

**VIA FEDEX**

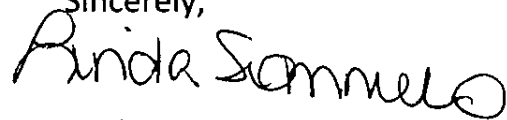
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: First Billing Services, LLC – Registered Agent Name Change and  
Physical Address Name Change

Dear Sir or Madam,

Enclosed is the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. Also enclosed is check number 25.00 to cover the cost of the filing fee.

If you require anything further please let me know and I will be happy to provide that information to you.

Sincerely,  
A handwritten signature in black ink that reads "Linda Sommers". The signature is fluid and cursive, with the first name "Linda" and last name "Sommers" clearly distinguishable.

Linda Sommers  
Administrative Assistant

Encl(s): As Stated