

PO1000088783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

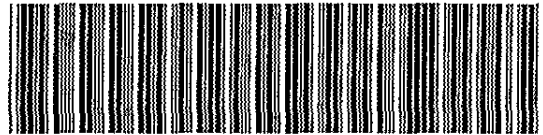
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500014840185

03/31/03--01057--003 **35.00

RA
Change

FILED
03 APR 30 PM 3:54
TALLAHASSEE, FLORIDA

AR
4/30/03

* 00686, 00671

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Complete Billing Solutions, Inc.
(Name of corporation)

DOCUMENT NUMBER: 201000088783

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Jyles
(Name of person)

Complete Billing Solutions, Inc.
(Name of firm/company)

4330 W Broward Blvd. Suite F
(Address)

Plantation FL 33317
(City/state and zip code)

For further information concerning this matter, please call:

Patricia Jyles at 954, 584-1049
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPLETE BILLING SOLUTIONS, INC.
(Name of corporation)

DOCUMENT NUMBER: PO1000088783

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA DYKES

(Name of person)

COMPLETE BILLING SOLUTIONS, INC.

(Name of firm/company)

4330 W. BROWARD BOULEVARD, SUITE F

(Address)

PLANTATION, FLORIDA 33317

(City/state and zip code)

For further information concerning this matter, please call:

PATRICIA DYKES

(Name of person)

at (954) 584-1049

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 7, 2003

Patricia Dykes
Complete Billing Solutions, Inc.
4330 W. Broward Boulevard, Suite F
Plantation, FL 33317

SUBJECT: COMPLETE BILLING SOLUTIONS, INC.
Ref. Number: P01000088783

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 103A00020693

* No other fees due

(fax) 954-584 5589

RECEIVED
03 APR 13 AM 9:35
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
FLORIDA in order to change its registered office or registered agent, or both, in the State
of Florida.*

1. The name of the corporation: COMPLETE BILLING SOLUTIONS, INC.
2. The principal office address: 4330 W. BROWARD BLVD., SUITE F
PLANTATION, FLORIDA 33317
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/05/2001 Document number: 00100088783

5. The name and street address of the current registered agent and registered office on file with
Florida Department of State:
- PATRICIA DYKES
4846 N. UNIVERSITY DRIVE #115
LAUDERHILL, FLORIDA 33351

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

PATRICIA DYKES
4330 W. BROWARD BLVD., SUITE F
(P.O. Box or personal mailbox NOT acceptable)
PLANTATION, FLORIDA 33317

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

 PATRICIA DYKES PD
(Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title)

*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 obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

 4.26.03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314