

PO1000102379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

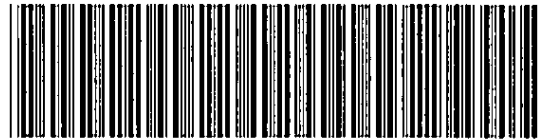
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400350363554

10/13/20--01011--002 \*\*\$5.00

FILED  
2020 SEP -1 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

JG 10/15/20

### 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: ASAP BILLING SOURCE, INC.
2. The principal office address: 6544 GUNN HIGHWAY TAMPA, FL 33625
3. The mailing address (if different): P.O. BOX 261376 TAMPA, FL 33685
4. Date of incorporation/qualification: 10/22/2001 Document number: P01000102379
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MAYRA PEREZ

6544 GUNN HIGHWAY

TAMPA, FL 33625

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

MANUEL PAGAN


6544 GUNN HIGHWAY

P O Box NOT acceptable

TAMPA, FL 33625

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.



MANUEL PAGAN, TREASURER

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.

Signature of Registered Agent

8/18/20  
Date

Date \_\_\_\_\_

If signing on behalf of an entity:

Typed or Printed Name \_\_\_\_\_

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314-0007

FILED  
2020 SEP - 1 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FL.