P03000041027

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April 27, 2004

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

To whom it may concern:

Enclosed are the amendment(s) for Nationwide Connections, Inc and Enhanced Billing Services, Inc. for change of Registered Agent. If further information is needed, please contact Yaret Garcia at 561-802-4344.

Thank you,

Yaret Garcia

TRANSMITTAL LETTER

TO: Ar Di	Amendment Section Division of Corporations	
	·	
SUBJECT	CT: Nationwide Connections, Inc.	
	(Name of corporation)	
DOCUME	MENT NUMBER: P03000041027	
The enclos	losed Statement of Change of Registered Office/Agent and fee are submitted for filing	
Please retu	eturn all correspondence concerning this matter to the following:	
	Yaret Garcia	
	(Name of person)	
Nat	lationwide Connections, Inc.	
	(Name of firm/company)	
215 F	5 Fifth Street #306 (Address)	
	(Auticos)	
Moc	/est Palm Beach, FL 33401	
7703	(City/state and zip code)	
For further	ner information concerning this matter, please call:	
	, p, p, p	
Yaret Gar	Sarcia <u>at (561</u>) 802-4344	
	Sarcia at (561) 802-4344 (Name of person) (Area code & daytime to the code with the code	elephone number)
Enclosed is	d is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Street Address:	
	Mailing Address: Amendment Section Division of Cornerations Street Address: Amendment Section Division of Cornerations	one
	Division of Corporations P.O. Box 6327 P.O. Box 6327 Division of Corporations))
	Tallahassee, FL 32314 Tallahassee, FL 3239	<i>1</i> 7

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 Statute	s, this statement of
	nitted for a corporation organized under the laws of the State of Florida	in order
to change its re	egistered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Nationwide Connections, Inc.	
2. The principal	I office address: 215 Fifth Street #306	
West Palm	Beach, FL 33401	
3. The mailing	address (if different):	
4. Date of incor	rporation/qualification: 4/11/2003 Document number: P0300004102	7
	d street address of the current registered agent and registered office on file with the artment of State:	
	Ronny Morillo	
	222 Lakeview Avenue Suite 160 #157	TASE OF THE
	West Palm Beach, FL 33401	MR 29
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Cove & Associates, P.A.	₩ 20 -
	225 South 21st Avenue	
	(P.O. Box or personal mailbox NOT acceptable)	
	Hollywood, FL 33020	
=	ress of its registered office and the street address of the business office of its regis e identical.	
Such change w the board, or th	as authorized by resolution duly adopted by its board of directors or by an office or poration has been notified in writing of the change.	r so authorized by
	Signature of an officer or director) Yaret Carcia - (Printed or typed name an	Prosident
I hereby accept I further agree duties, and I an being filed mer been notified in	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete in familiar with and accept the obligation of my position as registered agent. Or, rely to reflect a change in the registered office address, I hereby confirm that the nymiting of this change.	
Ale	(Signature of Registered Agent) 4(23/04	(
If signing on be	ehalf of an entity:	
DUDE	MW N. COVE President	
	(Typed or Printed Name) (Capacity)	

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