

PO 3000132158

(Requestor's Name)

Universal Billing Systems
11890 SW 8th #209
Miami, FL 33184

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

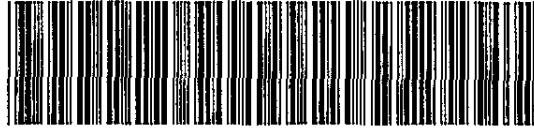
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700037968057

06/16/04 - 01022 001 **35.00

RA Change
T. Lewis

FILED
2004 JUN 16 PM 3:06
TALLAHASSEE FLORIDA

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: Universal Billing Systems
2. The principal office address: 11890 SW 8th Suite #209
Miami, FL 33184
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/14/03 Document number: P03000132158
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Aylen Hidalgo - Gato
11890 SW 8th Suite #209
Miami, FL 33184

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2004 JUN 16 PM 3:07

FILED

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

Ivette Chaple
11890 SW 8th Suite #209
(P.O. Box or personal mailbox NOT acceptable)
Miami, FL 33184

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.

[Signature]
(Signature of an officer or director)

MIKE CHAPLE, PRESIDENT
(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]
(Signature of Registered Agent)

06/10/2004
(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
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314