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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	·
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SUBJE	ECT: Enhanced Billing Services, Inc	
	(Nam	e of corporation)
DOCU	MENT NUMBER: P030000149084	
The end	closed Statement of Change of Registered Offi	ice/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matt	er to the following:
	Yaret Garcia	
		me of person)
	·	• ,
i	Enhanced Billing Services, Inc.	
•		of firm/company)
21	5 Fifth Street Suite 306	
	•	(Address)
7	West Palm Beach, FL 33401	
	` •	ate and zip code)
For furt	ther information concerning this matter, please	call:
Yaret	Garcia	at ( 561 ) 802-4344
	(Name of person)	at ( 561 ) 802-4344  (Area code & daytime telephone number)
Enclose	ed is a \$35.00 check made payable to the Depa	rtment of State.
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street

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

change its 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: Enhanced Billing Services, Incorporation.  2. The principal office address: 215 Fifth Street #306  West Palm Beach, FL 33401  3. The mailing address (if different):  4. Date of incorporation/qualification: 12/8/2003 Document number: P030000149084  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  David Marshall Brown  Northmark Building Suite 208 33 Norheast 2nd Street  Fort Lauderdale, FL 33301  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Cove & Associates, P.A.  225 South 21st Avenue  (P.O. Box or personal mailbox NOT acceptable)  Hollywood, FL 33020  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.  Variet Gavan Hesci dentical further and utile)  I hereby accept the appointment as registered agent and agree to act in this capacity.  I hereby accept the appointment as registered agent and agree to act in this capacity.  I hereby accept the appointment as registered agent and agree to act in this capacity.  I hereby accept the appointment as registered agent and agree to act in this capacity.  I hereby accept the appointment as registered agent and agree to act in this capacity.  I hereby accept the appointment as registered agent and agree to act in this capacity.
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(Signature of an officer or director)  Therefore accept the approximated as recistored agent and agree to act in this canacity.
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I hardhy accept the appointment as registered agent and agree to act in this canacity
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 reflectly change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  (Signature of Registered Agent)
If signing on behalf of an entity:
Cryped or Printed Name)  Cott Procedure  Capacity)

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