

9/23/22, 8:47 AM

Division of Corporations

PO9 0000 43503

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : PARANET CORPORATION SERVICES, INC.  
Account Number : I20090000069  
Phone : (800)277-9977  
Fax Number : (800)815-0477

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: emontalvo@csmedicalbilling.com

RECEIVED

2022 SEP 23 AM 9:53

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2022 SEP 23 AM 9:11

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REGISTERED AGENT CHANGE  
C & S BILLING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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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: C & S BILLING, INC.
2. The principal office address: 8939 N. DALE MABRY HWY.  
TAMPA, FL 33614
3. The mailing address (if different):
4. Date of incorporation/qualification: 05/14/2009 Document number: P09000043503
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)

CF REGISTERED AGENT, INC.  
100 S. Ashley Drive, Suite 400  
Tampa, FL 33602

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

NRAI Services, Inc.  
1200 South Pine Island Rd  
P.O. Box NOT acceptable  
Plantation, FL 33324

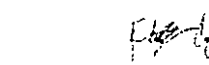
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TALLAHASSEE, FL

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.

 Dawn Kelly, President  
Signature of an officer or director 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.

 09/22/2022  
Signature of Registered Agent Date

If signing on behalf of an entity:

Elizabeth Crawford - Assistant Secretary  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

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