

PD90000 83436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

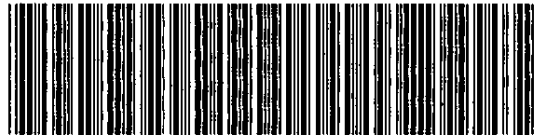
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900180955559

06/08/10--01021--004 **70.00

FILED
10 JUN 18 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAID 6/18/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SELECT BILLING SOLUTIONS INC
Name of Corporation

DOCUMENT NUMBER: P09000083436

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose A. Granda
Name of Contact Person

Select Billing Company, Inc.
Firm/Company

9225 S.W. 32 Street
Address

Miami, Florida 33165
City/State and Zip Code

jgranda@selectbilling.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose A. Granda at (305) 554-1882
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2010

JOSE A. GRANDA
9225 S.W. 32 STREET
MIAMI, FL 33165

SUBJECT: SELECT BILLING SOLUTIONS INC
Ref. Number: P09000083436

We have received your document for SELECT BILLING SOLUTIONS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 610A00014330

**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: Select Billing Solutions Inc
2. The principal office address: 9225 S.W. 32 Street
Miami, Florida 33165
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/08/09 Document number: P09000083436
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)
Law Offices of Granda & Associates, PA
9370 SW 72nd St., Suite 212, Miami, FL. 33173

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

Jose A. Granda

9225 S.W. 32 Street

P.O. Box NOT acceptable

Miami, Florida 33165

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.

Jose A. Granda
Signature of an officer or director

Jose A. Granda
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.

Jose A. Granda
Signature of Registered Agent

June 4, 2010
Date

If signing on behalf of an entity:

Jose A. Granda
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 (8/05)

FILED
10 JUN 18 PM 4:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE