

P/2000/139/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RIGHT CHOICE BILLING AND COLLECTION SERVICES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P12000013912

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:

**Anthony Cuba**

Name of Contact Person

RIGHT CHOICE BILLING AND COLLECTION SERVICES, INC.

Firm/Company

**13155 SW 134 ST Suite 121**

Address

**MIAMI, FL 33186**

City/State and Zip Code

**rcbcservices@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Anthony Cuba**

Name of Contact Person

at ( **305** ) **356-7453**

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

**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: RIGHT CHOICE BILLING AND COLLECTION SERVICES, INC.

2. The principal office address: 13155 SW 134 ST Suite 121 Miami, FL 33186

3. The mailing address (if different): PO BOX 971940 Miami, FL 33197

4. Date of incorporation/qualification: 02/06/2012 Document number: P12000013912

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)

Anthony Cuba

9400 NW 32ND COURT MIAMI, FL 33147

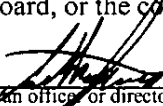
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

13155 SW 134 ST Suite 121 Miami, FL 33186

P.O. Box NOT acceptable

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 of an officer or director

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 of Registered Agent

4/30/2013

Date

If signing on behalf of an entity:

Anthony Cuba

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

FILED  
13 MAY 13 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA