## P12000095914

(Re	equestor's Name)			
(Ad	idress)			
- (Ac	idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Bu	usiness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

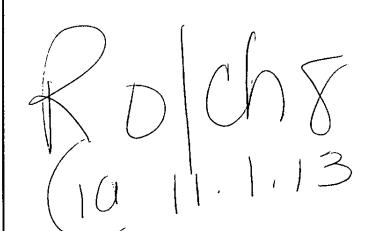




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## COVER LETTER

TO: Amendment Section Division of Corporations

Books N Billing Inc

P12000095916

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:

Karen Warr

Name of Contact Person

Books N Billing Inc

Firm/Company

PO Box 360816

Address

Melbourne FL 32936-0816

City/State and Zip Code

corp@booksnbilling.com

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

For further information concerning this matter, please call:

Karen Warr

Can your polate
Please update
The malling ?
Adduss to?
Adduss to?

Name of Contact Person

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

		2, 607.1508, or 617.1508, Florida Statutes, this	
	ange is submitted for a corporation organi or to change its registered office or registe	ized under the laws of the State of Florida ered agent, or both, in the State of Florida.	_
	<del>-</del>		
1. The name of	the corporation: Books N Billing Inc	<u> </u>	
	office address: 2774 N Harbor City	y Blvd STE 201	<del></del>
	ne FL 32935		
3. The mailing a	address (if different): PO Box 360810	6 Melbourne FL 32936-0816	
4. Date of incorp	poration/qualification: 11/13/12	Document number: P12000095916	
	d street address of the current registered agriment of State: (If resigned, enter resigned		
	Karen Warr		
	2395 Pepperwood Rd		iş
	Melbourne FL 32935		O.V.O
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office	SECULTAR OF SECULATION OF SECULATION CONFOUNCE SECULATION CONFOUNCE SECULATION OF SECURATION OF SECU
	Karen Warr		<b>7 3 3 3 3 3 3 3 3 3 3</b>
	2021 Tallpine Rd		N 30
	P.O. Box NOT a	acceptable	
	Melbourne FL 32935		
The street addre as changed will	ess of its registered office and the street a be identical.	ddress of the business office of its registered ag	ent,
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
XO.	re of an officer or director	Karen I Warr, President Printed or typed name and title	_
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agent and to comply with the provisions of all statu	dagree to act in this capacity, tes relative to the proper and complete scept the obligation of my position as registered office address. I	
Lane	n D Con	10/24/2013	
Sign	nature of Registered Agent	Date	<u></u>
If signing on bel	half of an entity:		
- T,	yped or Printed Name		
/	* * * FILING FEE	C: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)