

Division of Corporations

Page 1 of 2

P98000003817

Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 922-4000

From: Account Name : SALOMON HAZDAY, JR., P.A.
Account Number : I19990000081
Phone : (305) 669-0177
Fax Number : (305) 669-0143

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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REGISTERED AGENT CHANGE

BILLING MADE EASY, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Billing Made Easy, Inc.
2. The mailing address of the corporation is: 1825 Ponce de Leon Blvd., PMB 475
Coral Gables, FL 33134
3. Date of incorporation/qualification: 01/13/98 Document number: P98000003817
4. The name and address of the current registered agent and office:

Lourdes Caballero1715 Red RoadCoral Gables, FL 33155

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Salomon Hazday, Jr., P.A.4235 Braganza AvenueCoconut Grove, FL 33133

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.

Lourdes Caballero
(Signature of an officer, chairman or vice chairman of the board)

9/7/99
(Date)

Lourdes Caballero, Director & President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Salomon Hazday, Jr.
(Signature of Registered Agent)

9/7/99
(Date)

If signing on behalf of an entity:

Salomon Hazday, Jr.
(Typed or Printed Name)

President
(Capacity)

Prepared by: Salomon Hazday, Jr.
4235 Braganza Avenue
Coconut Grove, FL 33133
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