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## Florida Department of State

Division of Corporations Public Access System

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Account Name

: C T CORPORATION SYSTEM

Phone

Account Number : PCA000000023 : (850)222-1092

Fax Number

: (850)222-9428

REGISTERED AGENT CHANGE

CONSERVATION BILLING SERVICES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporata Filling

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sectio this statement of change is submitted	for a corporation org	anized under the laws of the State	e of
Florida in order to ch	ange its registered off	fice or registered agent, or both,	in the State
of Florida.	•	W. 47	<u> </u>
1. The name of the corporation: Con	servation Billing Services	, Inc.	<del></del>
2. The principal office address: 5454	West Crenshaw Street, T	ampa, Florida 33634	· · · · · · · · · · · · · · · · · · ·
3. The mailing address (if different):			
4. Date of incorporation/qualification	1: 6/26/1991	Document number: 562317	報る
5. The name and street address of the Florida Department of State:	current registered age	ent and registered office on file w	in Too
C	ristopher L. Oriffin / Pole	y & Lardner	G: =
100 North Tampa Street, Suite 2700			
	Tumpa, Plorida 33	602	
6. The name and street address of i changed):	the new registered ago C T Corporation Sys		ed office (if
			•
(P.	c/o C T Corporation System (P.O. Box or personal mailbox NOT acceptable)		
	(200 South Pine Island Road, Plantation, Florida 33324		
The street address of its registered o agent, as changed will be identical.		<del></del>	s registered
Such change has authorized by reso authorized by the board, or the corpo			
(Mary Merca others, entergraph vice chairman o	The board)	Ann K. Epperson, Assistan	t Secretary
I hereby accept the appointment as a further agree to comply with the property of the property of this docume office address, I hereby confirm that C T Corporation System	registered agent and a covisions of all statute familiar with and acc int is being filed mere t the corporation has	igree to act in this capacity, is relative to the proper and com ept the obligation of my position by to reflect a change in the regi- been notified in writing of this cl	pleie i as itered iange.
By: Marie Bath		11/12/02	
(Signature & Registered Agent)	<del></del>	(Date)	<u></u>
If signing on behalf of an entiry la Ozac	, i.s.	V	
(Typed or Printed Plane)			<del></del>
( ) Speci of Printed Name)		(Capacity)	

make checke payable to Florida Department of State and Mar to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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