## F0000003368

(Re	equestor's Name)		
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SECRETARY OF STATE

RECEIVED .

AD12 430/12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE: 173137 · 7868319

AUTHORIZATION :

COST LIMIT /

ORDER DATE: April 18, 2012

ORDER TIME : 11:11 AM

ORDER NO. : 173137-066

CUSTOMER NO: 7868319

## CHANGE OF AGENT

NAME: HBS BILLING SERVICES COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organiz ir to change its registered office or register	zed under the laws of the S	State of Delaware
1. The name of t	he corporation: HBS BILLING SERV	ICES COMPANY	
2. The principal	office address: 7411 John Smith Dr, St	e 1500, San Antonio, 7	TX 78229
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/13/2000	Document number: _	F00000003368
	I street address of the current registered agement of State:	ent and registered office o	n file with the
	C T Corporation System		<b>ग</b>
	1200 South Pine Island Road		40 B
	Plantation, FL 33324		LCC TO THE TOTAL T
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or regis	tered office
	Corporation Service Company	<u></u>	
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business of	fice of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors ified in writing of the cha	or by an officer so ange.
Mal	ere Cathell	Maureen Cathell, Vic	
_	ire of an officer or director)	(Printed or typed	•
I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.  The Service Company	agree to act in this capa tes relative to the proper gation of my position as r registered office address	ncity.  and complete performance  registered agent. Or, if this  s, I hereby confirm that the
By:	we to the time	April 17, 2012	
(Sig	mature of Registered Agent)	(Date	=)
If signing on be	half of an entity:		
Grace E. Kirb	y, Assistant Vice President		
(7)	yped or Printed Name)		

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

CKS PAYABLE TO FLORIDA DEPARTMENT OF STATE