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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 173137 7868319

AUTHORIZATION

COST LIMIT

ORDER DATE: April 18, 2012

ORDER TIME : 11:11 AM

ORDER NO. : 173137-001

CUSTOMER NO: 7868319

CHANGE OF AGENT

NAME: ACI BILLING SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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, 617.050. Inge is submitted for a corporation organ Ir to change its registered office or registe	ized under the laws of the State	of Delaware
1. The name of t	the corporation: ACI BILLING SERV	/ICES, INC.	
2. The principal	office address: 7411 John Smith Dr., 5	Suite 1500, San Antonio, T.	X 78229
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/02/2003	Document number: F03	000002737
	I street address of the current registered ag tment of State:	gent and registered office on fil	e with the
	C T Corporation System	,	.e5
	1200 South Pine Island Road		
	Plantation, FL 33324		128
6. The name and (if changed):	I street address of the new registered agen	t (if changed) and /or registered	SECRETARY OF THE SEEL F
	Corporation Service Company		TOTAL
	1201 Hays Street		all
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addre as changed will	ess of its registered office and the street be identical.	address of the business office	of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted be board, or the corporation has been no	by its board of directors or butified in writing of the change	y an officer so
DY Jose	re-Catholl	Maureen Cathell, Vice Pr	
I further agree t of my duties, an document is beil corporation has	tre of an officer or director) the appointment as registered agent and to comply with the provisions of all state of a law in the familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	itas valatina to tha nyonay and	i Loomplete newformance
Corporation By:	on Service Company	April 17, 2012 (Date)	
	half of an entity:	. ,	
• •	y, Assistant Vice President		
<u></u>	'yped or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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