

FD5000002491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

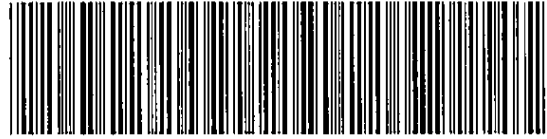
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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1 of 2

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 7/12/2019

Acc#120160000072

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| Name: | GLOBAL PAYMENTS CHECK SERVICES |
| Document #: | |
| Order #: | 11809080 |

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|-----------------------------------|--------------------------|-------------------------|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | |
| Plain Copy: | <input type="checkbox"/> | |
| Certificate of Good Standing: | <input type="checkbox"/> | |
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| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/> |
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Amount: \$ 35.00

Thank you!

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Global Payments Check Services, Inc.

(Name of Corporation)

F05000002491

(Document Number of Corporation (if known))

Illinois

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

3550 Lenox Rd NE, Ste 3000

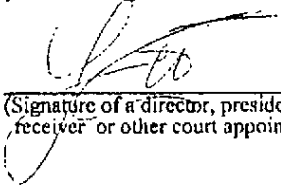
(Mailing Address)

Atlanta, GA 30326-1819

(City/ State /Zip)

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TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

I.J. Williams

(Typed or printed name of person signing)



(Date)

Vice President

(Title of person signing)

FILING FEE \$35