04/08/2019 8:19 AM 4/8/2019

## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	:			

## REGISTERED AGENT CHANGE MERCHANT ESOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Merchant eSolutions, Inc.

Name of Corporation

DOCUMENT NUMBER:

F05000006273

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

.888

705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of c	he provisions of sections 607.0502, 61 change is submitted for a corporation or rder to change its registered office or r	organized under the laws of the Stat	e of Delaware		
2. The princip	of the corporation: Merchant espand office address: 3475 LENO				
<del></del>	NTA, GA 30326 g address (if different):				
4. Date of inc	corporation/qualification: 10/25/2	005 Document number: F(	5000006273		
	and street address of the current registe partment of State: (If resigned, enter re	signed)	ile with the		
1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	FL 33324	APPRO		
6. The name a	and street address of the new registered  1):	l agent (if changed) and /or register	- <del>(20)</del> 1		
	Registered Agent Solution	ns, Inc.			
	155 Office Plaza Dr., Suit	e A			
		i NOT acceptable	<del></del> -		
	Tallahassee, FL 32301				
as changed w	dress of its registered office and the small be identical.		•		
Such change authorized by	was authorized by resolution duly add y the board, or the corporation has bee	opted by its board of directors or be in notified in writing of the change	y an officer so		
• •	Porter	Reese Porter	Secretary		
I hereby acce I further agre performance agent, Or, if	whire of an officer or director  Lept the appointment as registered ager  Lept to comply with the provisions of all  lof my duties, and I am familiar with a  lhis document is being filed merely to  m that the porporation has been notif	statutes relative to the proper and accept the obligation of my poor reflect a change in the regislered field in writing of this change.	l complete sition as registered		
<del></del>	Signature of Registered Agent	03/14/2019	<del> </del>		
	behalf of an entity:	234			
Justine Ka	arnell - Assistant Secretary				
	Typed or Printed Name				
	* * * FILING	FEE: \$35.00 * * *			