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DISTRICT OF CORPORATIONS TALLAHASSEE FLORIDA

TALLAHASSEE FLORIDA

Dar in the



ON SERVICE COMPANY.				
	ACCOUNT NO. : 072100000032			
	REFERENCE : 643091 7516163			
	AUTHORIZATION THE BELLENANT			
	COST LIMIT : \$\frac{1}{35.00}			
ORDER DATE :	December 5, 2006			
ORDER TIME :	11:35 AM			
ORDER NO. :	643091-110			
CUSTOMER NO:	7516163			
	CHANGE OF AGENT			
NAME:	MONEYGRAM PAYMENT SYSTEMS, INC.			
	THE FOLLOWING AS PROOF OF FILING: TIED COPY STAMPED COPY			
CONTACT PERSON: Amanda Haddan				

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, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{D_0}{T}$ or to change its registered office or registered agent, or both, in the State of Flo	elaware		
1. The name of t	he corporation: MONEYGRAM PAYMENT SYSTEMS, INC.			
• •	office address:			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 07/09/1996 Document number: F96000003	467		
	street address of the current registered agent and registered office on file with tment of State:	the		
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324			
6. The name and street address of the new registered agent (if changed) and /or registered office				
	Corporation Service Company	FIL EC 22 TARN		
	1201 Hays Street	m ₀ ' m		
	(P.O. Box NOT acceptable)	PM 3: FLOR		
	Tallahassee, FL 32301	ATE ATE		
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.				
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.				
Maureen Cullen, Attorney In Fact (Printed or typed name and title)				
I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and computed I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby is been notified in writing of this change.	oloto norformanca		
By//LC	Multiple Manuary Multiple Manuary Man	006		
If signing on be	chalf of an entity:			
	Michelle R. Vannoy, Assistant VP			
(7	Typed or Printed Name)			
* * * FILING FEE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314