

DIVISION OF CORPORATIONS

W04000044073

Florida Department of State
Division of Corporations
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To:

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Account Name : FILINGS, INC.
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Phone : (850) 385-6735
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DIVISION OF CORPORATION

REGISTERED AGENT CHANGE

NATIONAL PAYMENT CARD, LLC

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

\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: National Payment Card, LLC
2. The mailing address of the limited liability company is: 1200 N. Federal Highway, Suite 200,
Boca Raton, FL 33432

April 13, 2006

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

VINCENT J. HANDAL JR., ESQ.
Name

800 Corporate Drive
Address

Ft. Lauderdale, FL 33334
City, State and Zip

6. The name and address of the new registered agent and/or office:

The Law Office of James G. Doull II, P.A.
Name

5800 Hamilton Way
Address

Florida street address (P.O. Box NOT acceptable)

Boca Raton FL 33496
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Joseph Randazza
(Printed or typed name of signer)

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby certify that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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