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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		PI	CK UP:	MARIA 7/28
		CERTIFIED COPY		
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1.		ACES PAYMENTS I		
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4.		(CORPORATE NAME AND I	OCUMENT#)	
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6.			, , , , , , , , , , , , , , , , , , ,	
		(CORPORATE NAME AND I	OCUMENT#)	
SPE	CIAI	. INSTRUCTIONS:		

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: ACES PAYMEN	TS LLC					
2. (a)	2300 West Sahara Ave Ste 800	(b)	2300 West	Sahara Ave Ste	800		
-· (- ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of (Note: MAY BE			
	Las Vegas, NV 89102] 	as Vegas, i	NV 89102			
	09/09/2024		240000115	27			
3.	Date of filing/registration in Florida	- 4. —		Jocument num	aber .		
	REGISTERED AGENTS INC	٦,	'	Joeument Han	ioci		
5. (a)	Registered Agent and Registered Office shown on the records of 7901 4TH ST. N. STE. 300	the Florida D	ept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET)			2	2025 JUL 28	e Warren	
(b)	ST. PETERSBURG, FL	33702			LAH.	UL 21	
	Telos Legal Corp.				ÄLLÄHASSEE. F		
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	255:		11/2 21/3	AH 8: 46	
	155 Office Plaza Dr				2	94	
	NEW Registered Office Address:						
	Tallahassee	32301					
	, FL						
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability complete from the limited liab	office and pany, it is d liability pility comp	the business o hereby confirm company or as	office of t ned that t	he regis he char	stered ige(s)
Signa	ture of a member or authorized representative of a member	Dave C		Printed or typed r	name of sig	nec	
I here provisi the obl to merc	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to act in performand I for in Cha wereby conf	this capac se of my di	city. I further outless, and I am	agree to familiar	comply with a	with the ad accept ing filed s been
Signatu	re of Registered Agent						