

2019 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P18000029567

Entity Name: VENTURE PAYMENTS CORP**Current Principal Place of Business:**3030 N ROCKY POINT DR STE 150A
TAMPA, FL 33607**Current Mailing Address:**4400 MEADOWWOOD WAY
TAMPA, FL 33618 US**FEI Number:** 82-5010305**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GOLLER, JAMES
7901 4TH STREET NORTH
SUITE 300
ST.PETERSBURG, FL 33702 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JAMES GOLLER

10/21/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D,P
Name	GOLLER, JAMES
Address	3030 N. ROCKY POINT DR. STE 150A
City-State-Zip:	TAMPA FL 33607

Title	D, S
Name	BRUNSCHWILER, BEAT
Address	3030 N. ROCKY POINT DR. STE 150A
City-State-Zip:	TAMPA FL 33607

Title	D, T
Name	HARRIS, REBECCA
Address	3030 N. ROCKY POINT DR. STE 150A
City-State-Zip:	TAMPA FL 33607

Title	D
Name	EGE, CHRISTOPH
Address	3030 N. ROCKY POINT DR. STE 150A
City-State-Zip:	TAMPA FL 33607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES GOLLER**DIRECTOR**

10/21/2019

Electronic Signature of Signing Officer/Director Detail

Date