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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: 7UI FIE RAJAKARIAR	MEMBER	09/25/2018

SIGNATURE: ZULFIE RAJAKARIAR

Electronic Signature of Signing Authorized Person(s) Detail

RAJAKARIAR, ZULFIE R 233 EAST FLAGLER STREET

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: ZULFIE RAJAKARIAR

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

- Title MANAGER RAJAKARIAR, ZULFIE R Address 223 EAST FLAGLER STREET
- Name
 - City-State-Zip: MIAMI FL 33131

DOCUMENT# L15000151293

Entity Name: NORTH AMERICAN PAYMENT SYSTEMS LLC

Current Principal Place of Business:

233 EAST FLAGLER STREET MIAMI, FL 33131

Current Mailing Address:

233 EAST FLAGLER STREET MIAMI, FL 33131 US

FEI Number: 47-4803175

Name and Address of Current Registered Agent:

MIAMI, FL 33131 US

Date

09/25/2018

FILED Sep 25, 2018 Secretary of State CC8463438251

Certificate of Status Desired: No

Date