U8U322

(Re	equestor's Name)		
(Address)			
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(Cir	ty/State/Zip/Phone	e #1	
	WAIT	MAIL	
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(BC	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: June 28, 2013

Order#: 700619/037

Re: COMPUPAY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida ered agent, or both, in the State of Florida.	
	he corporation: COMPUPAY, INC.	erea agent, or som, in the state of Fronta.	
2. The principal	office address: 3450 Lakeside Drive, St	e 400, Miramar FL 33027	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/03/1980	Document number: 686322	
	I street address of the current registered a timent of State: (If resigned, enter resigne	agent and registered office on file with the ed)	
	CT Corporation System		
	1200 S. Pine Island Road		
	Plantation, FL 33324	13 9UL - P	
6. The name and (if changed):	I street address of the new registered age	nt (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
	P.O. Box NOT Tallahassee, FL 32301	Cacceptable	
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered agent,	
74.	/ / /	by its board of directors or by an officer so stified in writing of the change.	
7.00		Maureen Cathell, Vice President	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	te of an officer or director the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and a is document is being filed merely to refi that the corporation has been notified in Service Company	utes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I	
By: Ox	and Auden	06/21/2013	
	nature of Registered Agent half of an entity:	Date	
April Hudson, A	·		
	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
5 (03/12)

* * * FILING FEE: \$35.00 * * *