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	SUBJECT	FIDELITY NATIONAL PAYMENT			·
			(Name of Corporation	1)	i
	DOCUME	NT NUMBER: <u>840273</u>	·· <u>···································</u>	·····	
	The enclose	d withdrawal application and f	ee are submitted for fi	ling.	
		n all correspondence concerning e following:	this		
	w	enda Smith			!
			(Name of Person)		<u> </u>
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		l Riverside Ave.	(Address)	·····	. <u></u>
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	Wanda Smith		904 43	38-6221	· · ·
	Enclosed is	(Name of Person) a check for the amount:	at () (Area Cod	le & Daytime Teleph	one Number)
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		Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		Division of Corpor 2661 Executive Ce Tallahassee, FL. 32	nter Circle

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To: Page 4 of 4

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

FIDELITY NATIONAL PAYMENT SERVICES, INC.

(Name of Corporation)

840273

(Document Number of Corporation (if known)

Delaware

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The	following is a current mailing address for the corporation:		Ē		
	602 Riverside Avc.	· · · · · · · · · · · · · · · · · · ·	Ē.		
	(Mailing Address)	2.5			
	Jacksonville, FL 32204	· · · · · · · · · · · · · · · · · · ·	P	Ē	<u>۰</u>
	(City/ State /Zip)		12:2 12:2	_	
			-		

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Nighture of a director, president or other officer - if in the hands of a regiver or other court appointed fiduciary, by that fiduciary)	
(Signature of a director, president or other officer - if in the hands of a reductor or other court appointed fiduciary, by that fiduciary)	

06/06/2017

(Date)

Julie Gait

(Typed or printed name of person signing)

(Title	of	person	signing)

Director

FILING FEE \$35