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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

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: (850)878-5368

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Email Address:

REGISTERED AGENT CHANGE TOTAL SYSTEM SERVICES, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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## COVER LETTER

| TO: Amendment Section Division of Corporations                                      |                       |
|-------------------------------------------------------------------------------------|-----------------------|
| SUBJECT: Total System Services, Inc.                                                |                       |
| Name of Corporation                                                                 | <del></del>           |
| DOCUMENT NUMBER:                                                                    |                       |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted f | or filing.            |
| Please return all correspondence concerning this matter to the following:           |                       |
| •                                                                                   |                       |
|                                                                                     |                       |
| Name of Contact Person                                                              | _                     |
|                                                                                     |                       |
| Firm/Company                                                                        | _                     |
|                                                                                     |                       |
| Address                                                                             |                       |
|                                                                                     |                       |
| City/State and Zip Code                                                             | <del></del>           |
| City/state and Zip Code                                                             |                       |
|                                                                                     |                       |
| E-mail address: (to be used for future annual report notification                   | on)                   |
|                                                                                     | •                     |
| For further information concerning this matter, please call:                        |                       |
|                                                                                     |                       |
| Name of Contact Person at ( )  Area Code & Daytime Telephone                        | elephone Number       |
| · · · · · · · · · · · · · · · · · · ·                                               | 210p2000 1 , 2222 4 - |
| Enclosed is a \$35.00 check made payable to the Department of State.                |                       |
|                                                                                     |                       |
| Mailing Address: Street Address: Amendment Section Amendment Section                |                       |
|                                                                                     |                       |
| Division of Corporations Division of Corpora<br>P.O. Box 6327 Clifton Building      | MOHS                  |
| Tallahassee, FL 32314 2661 Executive Cer                                            | nter Circle           |
| Tallahassee, FL 323                                                                 |                       |

PLUGA - 85/16/2012 Wolters Kluwer Caline

CR2E045 (03/12)

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

| Pursuant to the provisions of sections 607.0502, 617 statement of change is submitted for a corporation of                                                                                                                                                                                                                                   |                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| · -                                                                                                                                                                                                                                                                                                                                          | gistered agent, or both, in the State of Florida.                                      |  |
| 1. The name of the corporation: Total System Services                                                                                                                                                                                                                                                                                        | , Inc.                                                                                 |  |
| 2. The principal office address: ONE TSYS WAY, CO                                                                                                                                                                                                                                                                                            |                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                              |                                                                                        |  |
| 3. The mailing address (if different): PO BOX 2506, C                                                                                                                                                                                                                                                                                        | COLUMBUS, GA 31902                                                                     |  |
| 4. Date of incorporation/qualification: 06/03/1983                                                                                                                                                                                                                                                                                           | Document number: 856633                                                                |  |
| <ol><li>The name and street address of the current register<br/>Florida Department of State: (If resigned, enter res</li></ol>                                                                                                                                                                                                               | red agent and registered office on file with the signed)                               |  |
| CORPORATION SERVICE COMPA                                                                                                                                                                                                                                                                                                                    | NY                                                                                     |  |
| 1201 HAYS STREET                                                                                                                                                                                                                                                                                                                             |                                                                                        |  |
| TALLAHASSEE FL 32301-2525                                                                                                                                                                                                                                                                                                                    | TALLAHASSEE FL 32301-2525                                                              |  |
| i. The name and street address of the new registered (if changed):  C T Corporation System                                                                                                                                                                                                                                                   | agent (if changed) and /or registered office                                           |  |
|                                                                                                                                                                                                                                                                                                                                              |                                                                                        |  |
| c/o C T Corporation System, 1200 Sou                                                                                                                                                                                                                                                                                                         | th Pine Island Road Plantation,  NOT acceptable                                        |  |
| Florida 33324                                                                                                                                                                                                                                                                                                                                | بي<br>ص                                                                                |  |
| _                                                                                                                                                                                                                                                                                                                                            | reet address of the business office of its registered agent,                           |  |
| Such change was authorized by resolution duly adopt authorized by the board, or the cosporation has been                                                                                                                                                                                                                                     | pted by its board of directors or by an officer so inotified in writing of the change. |  |
| FMX+Bolil                                                                                                                                                                                                                                                                                                                                    | Kristin Bolden, Vice President                                                         |  |
| Signature of anytheer or director                                                                                                                                                                                                                                                                                                            | Printed or cylica hand title                                                           |  |
| hereby accept the appointment as registered agent further agree to comply with the provisions of all seriormance of my duties, and I am familiar with an agent. Or, if this document is being filed merely to the confirm that the corporation has been notified the confirmation has been motified.  (\$amantha lones, Assistant Secretary) | statutes relative to the proper and complete                                           |  |
| By: Xangellour                                                                                                                                                                                                                                                                                                                               | 9/7/2012                                                                               |  |
| Signature of Registered Agent f signing on behalf of an entity:                                                                                                                                                                                                                                                                              | Date                                                                                   |  |
| ,                                                                                                                                                                                                                                                                                                                                            | •                                                                                      |  |
| C T Corporation System                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
| Typed or Printed Name                                                                                                                                                                                                                                                                                                                        | DPC. 075 MA + + +                                                                      |  |

\* \* \* FILING FEE: \$35,00 \* \* \*

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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