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DISSOLUTION OR WITHDRAWAL TOTAL SYSTEM SERVICES, INC.

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JUN 1 1 2020

M. SOLOMON

June 10, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TOTAL SYSTEM SERVICES, INC. PO BOX 2506 COLUMBUS, GA 31902US

SUBJECT: TOTAL SYSTEM SERVICES, INC.

REF: 856633

We have received your document for TOTAL SYSTEM SERVICES, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The new form requires the date entity was authorized to transact business/conduct its affairs.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

FAX Aud. #: H20000170302 Octavia L Simmons

Regulatory Specialist II Supervisor Letter Number: 920A00011405

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

TOTAL SYSTEM SERVICES, INC.

		((Name of Corporation)				
	856633						
	(Document Number of Corporation (if known)						
	Georgia	06/03/1983					
	(Incorp	orated Under Laws of and da	ate authorized to transact	business/conduct its affairs)	 _		
This cor voluntar	poration is no ily surrenders	longer transacting busing its authority to transact b	ness or conducting af business or conduct a	fairs within the State of Fl ffairs in Florida.	orida an	d herel	by
appoints	the Departme	kes the authority of its nt of State as its agent fo to transact business or co	or service of process b	Florida to accept service obased on a cause of action aida.	on its be arising di	half ar uring ti	nd he
The follo	owing is a curi	ent mailing address for t	the corporation:				
	One TSYS Wa	y			~ (3) - (4) - (4)	2421 JUN 10 PM 25	. i
			(Mailing Address)		3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	三 三	
	Columbus, GA	31901			A) [5]	171
		A	(City/ State /Zip)		# 1 m	PS 29	C
The corp	oration agrees	to notify/the Departmen	nt of State in the futur	re of any change in its mail	ing addr	ess.	
				5/21/2020			
(S r	agnature of a direct receiver or other co	tor/pusident or other officer - if urt appointed fiduciary, by that f	in the hands of a iduciary)	(Date)	-		
J:	ennifer Kurz	V 		Secretary			
	(Typed or p	inted name of person signing)	<u></u>	(Title of person sign	ing)		

FILING FEE \$35