

13020000000029

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(Address)

(Address)

(City/State/Zip/Phone #)

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07 MAY 23 AM 10:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 901880 7439986

AUTHORIZATION :

COST LIMIT : \$ 85.00

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07 MAY 23 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 23, 2007

ORDER TIME : 10:13 AM

ORDER NO. : 901880-085

CUSTOMER NO: 7439986

CHANGE OF AGENT

NAME: CARDTRONICS, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS: \_\_\_\_\_

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CARDTRONICS, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. January 30, 2002

Date of filing/registration in Florida

3. B02000000029

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

James F. Moore Assistant Secretary of Cardtronics GP, Inc., General Partner of  
Signature of General Partner Cardtronics, L.P.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Michelle R. Vannoy  
Signature of Registered Agent Michelle R. Vannoy, Asst. V.P.

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

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001880-85