

B080000000230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

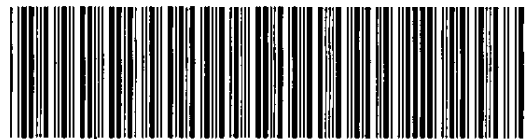
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2009 JUL 23 AM 10:42

NOT ATTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR

JUL 23 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 061505 7523725

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : July 9, 2009

ORDER TIME : 9:12 AM

ORDER NO. : 061505-024

CUSTOMER NO: 7523725

FILED
09 JUL 23 PM 1:15
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: PAYMENT TRANSACTION SOLUTIONS,
L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XXX _____ PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

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. PAYMENT TRANSACTION SOLUTIONS, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/09/2008

Date of filing/registration in Florida

3. B08000000230

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

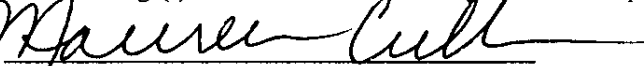
1201 Hays Street

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.



Signature of General Partner

Maureen Cullen, VP on behalf of Payment Alliance GP Company, Inc.

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: 

Signature of Registered Agent **Sylvia Queppet, Asst. VP**

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA