

Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

FIRST NATIONAL MERCHANT SOLUTIONS, INC.

Certificate of Status	0
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## 09 JUL -8 PH 2: 24

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

statement of change is	submitted for a corporation orga	02, 607, 1508, or 617, 1508, Florida Statutes, this nized under the laws of the State of Nebraska	_ <b>1</b> 2
		tered agent, or both, in the State of Florida. ERCHANT SOLUTIONS, INC.	
1. The name of the co	poration:		
2. The principal office	address: 1620 Dodge Street,	UMAHA NE 08197	
3. The mailing address	s (if different):		
4. Date of incorporation	on/qualification: 03/07/2000	Document number: F00000001224	
	t address of the current registered a of State: (If resigned, enter resign	agent and registered office on file with the ed)	
COR	PORATION SERVICE COMPANY	Y	TAL SE
1201	HAYS STREET TALLAHASSEE	FL 32301-2525	CRET
6. The name and stree (if changed):	address of the new registered age	ant (if changed) and /or registered office	RY OF SI
***	C T Corporat	tion System	
	c/o C T Corporation System,	1200 South Pine Island Road	<b>A</b>
	(P.O. Box NOT socepubl		
	Plantation, Fl	Iprida 33324	
		et address of the business office of its registered a	gent,
Such change was aut	horized by resolution duly adopted and, or the corporation has been n	ed by its board of directors or by an officer so to the change.	
Signature	g Officer or director)	David Berazowski, Attorney in Fact for Maure O'Connor, VP (Frinked or typed summe sha title)	
I hereby accept the a I further agree to con of my duties, and I a document is being fil corporation has been	ppointment as registered agent a hply with the provisions of all sto in familiar with and accept the ob- edynerely to reflect a change in to I fatifled in writing of this chang	and agree to act in this capacity. Mutes relative to the proper and complete perform Digation of my position as registered agent. Or, the registered office address, I hereby confirm the e.	nance if this at the
ву:	Armondish Styrian	6/29/09	
· - n	of Ruginicited Agent)	(Date)	
If signing on behalf	of an eMegan G. Ware		
<u> </u>	Assistant Secretary		
(Typed o	or Printed Name)		
		FEE: \$35.00 * * *	
MAILT CR26045 (8/05) .		LORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314	

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