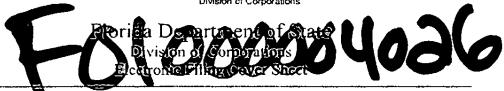
Division of Corporations



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(((H19000299704 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE BEST PAYMENT SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cange is submitted for a corporation organized under the laws of the State of $\frac{W_{+}}{V_{+}}$ for to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the compration, BEST PAYMENT SOLUTIONS, INC.	
2. The principal	the corporation: BEST PAYMENT SOLUTIONS, INC. Il office address: 8500 GOVERNORS HILL DRIVE CINCINNATI, OH 45249	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 7/31/2001 Document number: F01000004026	
	nd street address of the current registered agent and registered office on file with the naturent of State: (If resigned, enter resigned)	
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET TALLAHASSEE, FL 32301	
	190 AL	
6. The name and (if changed):	CT Corporation System CT Corporation System C/O CT Corporation System, 1200 South Pine Island Road	
	C T Corporation System	
	c/o C T Corporation System, 1200 South Pine Island Road	ı
	P.O. Box. NOT acceptable Plantation, Florida 33324	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wa authorized by the	sat buthorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
	Jennifer Kurz, Vice President Best of an officer or director Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete for my dities, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address. In that the corporation has been notified in writing of this change.	
Ву:	W.1 Cf 10/4/2019	
	Alfred Younan	
II sigming on be	Assistant Secretary	
Т	Typed or Printed Nunic	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)