Division of Corporations Electronic Filing Cover Sheet

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(((H220004342053)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (954)208-0845

: (614)573-3996

Fax Number

\*\*Enter the email address for this business entity to be used for future

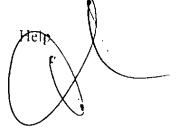
annual report mailings. Enter only one email address please. \*\*

COR AMND/RESTATE/CORRECT OR O/D RESIGN CLEARENT MERCHANT SERVICES, INC.

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

Electronic Filing Menu

Corporate Filing Menu



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To:

By:

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

1. The name of	the corporation: CLEARENT MERO	CHANT SERVICES, INC.
2. The principal	I office address: 1625 s. congress ave.	, suite 400
	delray beach, FL 334	
3. The mailing a	address (if different): 11330 Olive B	lvd Suite 200, Creve Cocur MO 63141
		Document number: F02000003598
5. The name an		ered agent and registered office on file with the
	CORPORATION SERVICE COMP	PANY
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301	
6. The name and (ifchanged):	d street address of the new registere	d agent (if changed) and /or registered office DEC
	C T Corporation System	
	1200 South Pine Island Road	
	ľ	P.O Box NOT acceptable - 👵
	Plantation, Florida 33324	
The street addras changed will	ess of its registered office and the s be identical.	street address of the business office of its registered agent.
Such change wa authorized by t	as authorized by resolution duly ad he board, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.
/s/OLG	SA KHVATSKAYA	OLGA KHVATSKAYA, SECRETARY
Signatu	ire of an officer or director	Printed or typed name and title
of my duties, ar document is bei	nd I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance we obligation of my position as registered agent. Or, if this win the registered office address, I hereby confirm that the cange.
	1900 N. 10 1	12/27/2022
	mature of Registered Agent	Date
2.15	shalf of an entity:	
Signing on be	that of an energy.	
If signing on be	SST. SECRETARY	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)