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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Electronic Transaction Consultants Corporation
Name of Corporation

DOCUMENT NUMBER: F02000005271

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bradley S. Copenhaver

Name of Contact Person

Vezina, Lawrence & Piscitelli, P.A.

Firm/Company

413 East Park Avenue

Address

Tallahassee, FL 32301

City/State and Zip Code

Bcopenhaver@vlplaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley S. Copenhaver

.850 \224-6205

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

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

1. The name o	of the corporation: Electronic Tran	saction Consultants Corpo	ration '
2. The princip	al office address: 1705 N Plano R	load, Richardson, TX 7508	i <u>1</u>
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 10/21/200	2 Document number: F020	000005271
	and street address of the current register partment of State: (If resigned, enter res		with the
	C T Corporation System		
	1200 South Pine Island Ro	oad	_ _ -
	Plantation, FL 33324		12 SE v
6. The name a (if changed	•	agent (if changed) and /or registered	
	Bradley S. Copenhaver		
	Vezina, Lawrence & Piscit	relli, P.A.	- [68] - [83] - [83]
	413 East Park Avenue, Ta	•	25
	dress of its registered office and the strill be identical. was authorized by resolution duly ador the board, or the corporation has beer		
,	Adula	Timothy O. Gallagher	
10 K 10 / 11 / 17 / 17	t the appointment as registered agen e to comply with the provisions of all sof my duties, and I am familiar with a this document is being filed merely to m that the corporation has been notific	Printed or typed name and a gree to act in this capacity. statutes relative to the proper and conduccept the obligation of my positive felect a change in the registered of	omplete ion as registered
	Signature of Registered Agent	11/28/12	
	behalf of an entity:	, joints	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (03/12)