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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

Ph/09



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

March 30, 2009

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Interpay Solutions, Inc.

Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned, Interpay Solutions, Inc., please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of Amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Matt Thompson

National Registered Agents, Inc.

Enclosure - Check

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Interpay Solutions, Inc. (Name of Control of C	Corporation)
DOCUMENT NUMBER: F04000002205	· · · · · · · · · · · · · · · · · · ·
The enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Matt Thompson	
	entact Person)
National Registered Age (Firm/Co	ents, Inc.
11600 College Boulevard,	, Suite 210
Overland Park, KS 66210	
(City/State ar	nd Zip Code)
For further information concerning this matter, please of	call:
Matt Thompson	at (800) 550-6724
(Name of Contact Person)	at (800) 550-6724 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Depart	tment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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 inge is submitted for a corporation organized under the laws of the State of New Yolk or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Interpay Solutions, Inc.
	office address: 639 Cindy Lane leca, NY 14224
3. The mailing a	ddress (if different): 5559 Themas JEFFERSON CT.
mo	b. let, AL 36693
4. Date of incorp	poration/qualification: 04/21/2004 Document number: F0400002205
5. The name and	I street address of the current registered agent and registered office on file with the tment of State:
	Corporation Service Company
	1201 Hays Street
	Tallahassee, FL 32301-2525 US
6. The name and (if changed):	Tallahassee, FL 32301-2525 US street address of the new registered agent (if changed) and /or registered office REAL Services and registered agent (if changed) and /or registered office REAL Services and registered agent (if changed) and /or registered office
	NRAI Services, Inc.
	2731 Executive Park Drive, Suite 4
	(P.O. Box NOT acceptable) Weston, FL 33331
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
_	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
$+ \rightarrow c$	The of an officer of director) DARLA RAND CET (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei corporation has NFA SE by Matt (Si	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 performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the special process of this change. The confirmation of this change.
If signing on be	shalf of an entity:
Matt	Thompson Assistant Secretary

* * * 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 (8/05)