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OPTIMAL PAYMENTS CORP.**

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April 5, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OPTIMAL PAYMENTS CORP.
3500 DE MAISONNEUVE BLVD WEST
2 PLACE ALEXIS-NIHON, #700
WESTMOUNT, QUEBEC, CA H3Z3C-1XX

SUBJECT: OPTIMAL PAYMENTS CORP.
REF: F04000004004

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THIS ENTITY IS INACTIVE REVOKED FOR ANNUAL REPORT 09/25/2009

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Shelia H Young
Regulatory Specialist II

FAX Aud. #: H19000111835
Letter Number: 219A00006781

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F04000004004

(Document number of corporation (if known))

1. Optimal Payments Corp.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. July 14, 2004

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? June 9, 2009

5. Optimal Merchant Services Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

NEIL WEETHS LER
(Typed or printed name of person signing)

Director, President, Secretary and Treasurer
(Title of person signing)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "OPTIMAL PAYMENTS
CORP.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO
"OPTIMAL MERCHANT SERVICES INC." ON THE NINTH DAY OF JUNE, A.D.
2009, AT 2:05 O'CLOCK P.M.



2581506 8320
SR# 20192551280

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

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