# F050000449

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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SECRETARY OF STATE OF CORPORATIONS
ON THE PROPERTY OF STATE OF CORPORATIONS
ON THE PROPERTY OF THE PROPERTY OF

Ps 9/21/07



Florida Division of Corporations New Filing Section/Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

September 17, 2007

Florida Division of Corporations,

Please find enclosed the Certificate of Authority amendment application and fee for Universal Payment Solutions Inc. Please note that I have included a self addressed stamped envelope for your convenience for return proof of filing. They have hired Cornerstone Support, Inc. to file this on their behalf. If you have any questions, please feel free to call me at 770-587-4595.

### Confidentiality Notice

This submission and any attachments, contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof.

Please mail any correspondence to: Cornerstone Support, Inc. Attn: Janet Teague 11111 Houze Rd, Suite 200 Roswell, GA 30076

Sincerely,

Janet Teague

Licensing Specialist Cornerstone Support, Inc.

770.587.4595

eunnary.com

### **COVER LETTER**

TO:

TO: Amendment Section Division of Corporations	
SUBJECT: Universal Collector	rs Corp.
(Name	of Corporation)
DOCUMENT NUMBER:	
The enclosed Amendment and fee are submi	itted for filing.
Please return all correspondence concerning	this matter to the following:
Janet Teague	
(Name of Contact Person)	
Cornerstone Support, Inc.	
(Firm/Company)	
11111 Houze Rd., Suite 200	
(Address)	
Roswell, GA 30076 (City/State and Zip Code)	
For further information concerning this matter	ter, please call:
Janet Teague	at ( 770- )587-4595 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	nt:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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

### 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)		<b>)</b> )	2007 SEP 19 PM 2: 24	
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	***************************************	ber of corporation (if	known)	2
				Ü
1	Universa	Collectors Corp.		2
* ·	(Name of corporation as it appe		he Department of State)	
) New	York	3	01/03/2005	
	(Incorporated under laws of)	([	01/03/2005 Date authorized to do business in Flo	orida)
	S (4-7 COMPLETE ON	ECTION II LY THE APPLICABI	LE CHANGES)	
	ent changes the name of the corpor of incorporation?05/30/2007	ation, when was th	e change effected under the la	iws of
5 Universa	al Payment Solutions Inc.			
(Name of corp appropriate a	oration after the amendment, addin bbreviation, if not contained in new	g suffix "corporation name of the corporation of th	on," "company," or "incorpor oration)	rated," or
(If new name is business in Fl	s unavailable in Florida, enter alterr orida)	ate corporate nam	e adopted for the purpose of to	ransacting
6. If the amendm	ent changes the period of duration,	indicate new perio	od of duration.	
		New duration)		
7. If the amendm	ent changes the jurisdiction of inco	rporation, indicate	new jurisdiction.	
(Signatur of a rece	e of a director, president or other officer - iver or other court appointed fiduciary, by	if in the hands that fiduciary)		
	Bradley Rephen	• •	President	
	(Typed or printed name of person si	gning)	(Title of person signir	ig)

## STATE OF NEW YORK DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 12, 2007.

Paul Be Painte

Paul LaPointe Special Deputy Secretary of State

070530000 168

### CERTIFICATE OF AMENDMENT

OF THE

### CERTIFICATE OF INCORPORATION

OF

#### UNIVERSAL COLLECTORS CORP.

Under Section 805 of the Business Corporation Law

FIRST: The name of the corporation is: UNIVERSAL COLLECTORS CORP.

If the name of the corporation has been changed, the name under which it

was formed is

**SECOND:** The certificate of incorporation was filed by the Department of State on:

November 19, 2004

**THIRD:** The amendment effected by this certificate of amendment is as follows:

Paragraph 1 of the certificate of incorporation relating to the name of the corporation is hereby amended to read in its entirety as follows:

1. The name of the corporation is: Universal Payment Solutions Inc.

**FOURTH:** The certificate of amendment was authorized by:

☑ The vote of the board of directors followed by a vote of a majority of all outstanding shares entitled to vote thereon at a meeting of shareholders.

The vote of the board of directors followed by the unanimous written consent of the holders of all outstanding shares.

/s/Mimi Nachison
Mimi Nachison, Authorized Rep.