

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations : (950)617-6380 Fax Number From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone (512)418-6949 : (954)208-0845 Fax Number *Enter the email address for this business entity to be used for future rannual report mailings. Enter only one email address please.** Imail Address: REGISTERED AGENT CHANGE JPAY INC. Certificate of Status Certified Copy 0 Page Count 02 \$35.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

C. GOLDEN NOV 1 4 2017 Help

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

statement of c	hange is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Stat gantzed under the laws of the State of DE pistered agent, or both, in the State of Flor			
1. The name o	of the corporation: IPAY INC.				
	el office address: 14651 Dallas Pkwy, 6	5th Floor, Dallas, TX, 75254			
3. The mailing	g address (if different): c/o Platinum E	quity Advisors, LLC			
360 No	orth Crescent Drive, South Building, Beve				
4. Date of inc	orporation/qualification: 03/07/2005	Document number: F050000014	56		
5. The name a		d agent and registered office on file with t			
	Feldman, Brrol L	•	1/2 77	~>	
	12864 BISCAYNE BOULEVARD 243		<u>É</u> . 3⊁.	40N 210	
	MIAMI, FL 33181		1	1 A0	
6. The name a	-	gent (if changed) and /or registered office	musiteu Likko	3 Ah	רכט
	C'T Corporation System		<u>;</u> ;	တဲ့	
	c/o C T Corporation System, 1200 South	h Pine Island Road	Ę	ŧ.	
	P.O. Box N	NOT acceptable			
	Plantation, Florida 33324				
	_	eet address of the business office of its re		t,	
Such change authorized by	was authorized by resolution duly adop the floating of the corporation has been	ted by its board of directors or by an offi notified in writing of the change.	icer so		
- CAN	State of an officer or director	Eva M. Kalawski, Vice President and S	ecretary		
I hereby acce I further agre performance agent. Or, if hereby confir		and agree to act in this capacity, tatties relative to the proper and comple a accept the obligation of my position as effect a change in the registered office a d in writing of this change.	te registered ddress, i		
Bully	Corporation System Signature of Registered Agent	11/13/2017			
If signing on	behalf of an entity! Hered Your Assistant Secr	nan			
	Typed or Printed Name	•			
	* * * 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 (03/12)