## F0500007187

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **VIA US MAIL**

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

## Re: CASH SYSTEMS, INC.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

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

statement of ch	e provisions of sections 607.0502, 617 vange is submitted for a corporation o ler to change its registered office or re	organized i	ınder the laws of the Stat	e of DELAWARE	
1. The name of	the corporation: CASH SYSTE	EMS, IN	IC.		
	office address: 3525 E. POST R			AS NV 89120	
				•-	
3. The mailing	address (if different):	•			
4. Date of inco	rporation/qualification: 12/12/2	2005	Document number:	F05000007187	
	nd street address of the current register artment of State: (If resigned, enter res		and registered office on fi	ile with the	
	CORPORATION SERVICE COMPANY				
-	1201 HAYS STREET			1000	
	TALLAHASSEE FL 32301			10 JUL 23	
6. The name at (if changed)	nd street address of the new registered:	l agent (if	changed) and /or register	المساكب الأن	
	Registered Agent Solutions	, Inc.			
•	155 Office Plaza Dr. Suite A				
	P.O. Box NOT acceptable				
•	Tallahassee, FL 32301		• .		
The street add as changed wi	ress of its registered office and the s	street addr	ess of the business offic	e of its registered agent,	
Such change authorized by	was authorized by resolution duly ad the board, or the corporation has be	dopted by en notifie	its board of directors or d in writing of the chang	by an officer so e.	
_	ture of an officer or director	S	OH H. Bets Div AC		
I hereby accept further agree of my duties, a document is becorporation h	ot the appointment as registered age e to comply with the provisions of al and I am familiar with and accept th eing filed merely to reflect a change as been notified in writing of this ch	ent and ag ll statutes le obligati e in the reg lange.	ree to act in this capacit relative to the proper ar on of my position as reg gistered office address, I	y, id complete performance istered agent. Or, if this hereby confirm that the	
Jenn	Signature of Registered Agent	• . —	7/8/2 Date	010	
If signing on	behalf of an entity:				
Jennif	Typed or Printed Name	ec.		٠.	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*