

F080000005374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

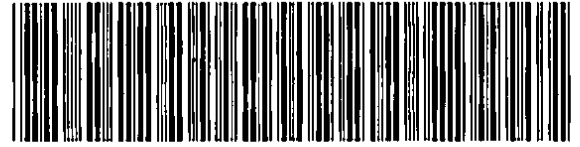
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUL 10 2019

C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Payment Card Association
Name of Corporation

DOCUMENT NUMBER: F08000005374

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eran Vail

Name of Contact Person

National Payment Card Assoc

Firm/Company

300 Lock Road Suite 202

Address

Deerfield Beach, FL 33442

City/State and Zip Code

evail@zipline.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eran Vail

Name of Contact Person

at (

954 945-7140

) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: National Payment Card Association
2. The principal office address: 300 Lock Road Suite 202
Deerfield Beach, FL 33442
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/23/2008 Document number: F08000005374

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Stephen Goodrich

4171 W Hillsboro Blvd., Suite 5

Coconut Creek, FL 33073

6. The name and street address of the new registered agent (if changed) and /or registered (if changed):

Stephen Goodrich

300 Lock Road Suite 202

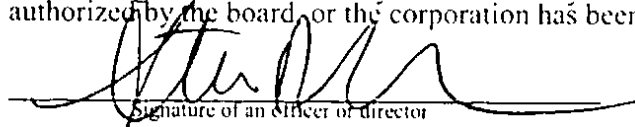
P.O. Box NOT acceptable

Deerfield Beach, FL 33442

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

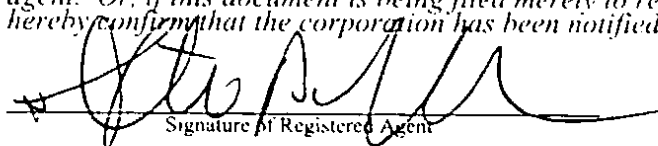
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.


Signature of an officer or director

Stephen Goodrich

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

6/21/2019

Date

If signing on behalf of an entity:

Stephen Goodrich

Typed or Printed Name

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