Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

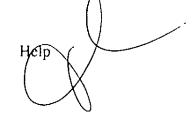
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REGISTERED AGENT CHANGE NATIONAL PAYMENT CARD ASSOCIATION CORP

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Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	inge is submitted for a	corporation organize	607.1508, or 617.1508, Florida S od under the laws of the State of $_{-}^{1}$ d agent, or both, in the State of F.	Delaware	
I. The name of	the comoration. NATIO	ONAL PAYMENT CAP	RD ASSOCIATION CORP		
2. The principal	office address: 11675	Rainwater Dr Suite 35	50		
		etta, GA 30009			
3. The mailing a	iddress (if different): _				
4. Date of incorp	poration/qualification:	12/23/2008	Document number: F0800000)5374	
	d street address of the cament of State: (If resi		nt and registered office on file wit	th the	
	COGENCY GLOBAL	INC.			
	115 North Calhoun St	treet, Suite 4			
	Tallahassee, FL 3230)1			2
6. The name and (if changed):	d street address of the r	new registered agent (if changed) and /or registered off	ice-	7024 JUN
	United Agent Group I	nc.		:	<u>ت</u> آ
	801 US Highway 1				13 44
	North Palm Beach, Fl		OT acceptable	PM	%: 5 0
			dress of the business office of its		
authorized by th	ne board, or the corpor	ration has been notifi	y its board of directors or by an oled in writing of the change.	3111001 30	,
	a Savilla		Erin Saville, Attorney-In-Fact	<u> </u>	
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as re to comply with the pro d I am familiar with a ng filed merely to refl s been notified in writi	egistered agent and a ovisions of all statute and accept the obliga lect a change in the r ing of this change.	Printed or typed name and till ogree to act in this capacity. It relative to the proper and com- tion of my position as registered egistered office address, I hereb		formance Or, if this n that the
(a)	na Savilla		6/13/2024		
	nature of Registered Agent half of an entity:		Date		
	Special Secretary				
	yped or Printed Name				

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