Division of Corporations Electronic Filing Cover Sheet

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(((H23000112382 3)))



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To:

Division of Corporations

Pax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (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. **

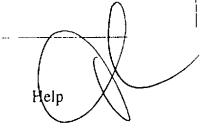
Email	Address:					
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REGISTERED AGENT CHANGE PAYMENT ALLIANCE PROCESSING CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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

statement of ch	nange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.				
		LIANCE PROCESSING CORPORATION				
2. The principa	al office address: 13551 TRITON P	ARK BLVD., STE 1000 LOUISVILLE, KY 40223				
3. The mailing	address (if different):					
4. Date of inco	9 Document number: F0900000736					
5. The name ar		istered agent and registered office on file with the				
	CORPORATION SERVICE CO	MPANY				
	1201 HAYS STREET					
	TALLAHASSEE, FL 32301-252.					
6. The name ar (if changed):		ered agent (if changed) and /or registered office				
	United Agent Group Inc.					
	801 US Highway I					
	P.O. Box NOT acceptable					
	North Palm Beach, FL 33408					
		e street address of the business office of its registered agent,				
Such change of authorized by	as authorized by resolution duly he board or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.				
1	_ (Tasha Edwards, Attorney-in-Fact				
Show I herely accept I further agree of my duties, a document is be corporation for	ne of an officer or director t the appointment as registered a to comply with the provisions of nd I un familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	Printed of typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.				
	<i>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </i>	03/24/2023				
<i>V</i> `	chalf of an entity:	Date				
Tasha Edwards,	Special Secretary					
	yped 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 (04/13)