## Division of Corporations Electronic Filing Cover Sheet

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(((H23000112378 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

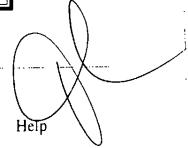
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

REGISTERED AGENT CHANGE PAYMENT ALLIANCE INTERNATIONAL, INC.

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 change is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware	
in order to change its registered office or r		
1. The name of the corporation: PAYMENT ALLIA	NCE INTERNATIONAL, INC.	
The name of the corporation:     The principal office address: 13551 TRITON PAR	K BLVD., STE 1000 LOUISVILLE, KY 40223	
(6.1165		
3. The mailing address (if different):  4. Date of incorporation/qualification: 02/24/2009	Document number: F09000000737	
<ol><li>The name and street address of the current register Florida Department of State: (If resigned, enter re</li></ol>	esigned)	
CORPORATION SERVICE COMP	ANY	
1201 HAYS STREET	20	
TALLAHASSEE, FL 32301-2525	TALLAHASSEE, FL 32301-2525	
6. The name and street address of the new registered (if changed):	d agent (if changed) and /or registered office	
United Agent Group Inc.	United Agent Group Inc.	
801 US Highway I	·	
	O. Box NOT acceptable	
North Palm Beach, FL 33408		
as changed will be identical.	treet address of the business office of its registered agent,	
Such change was authorized by resolution duly ad authorized by the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.	
1 (~	Tasha Edwards, Attorney-in-Fact	
Signature of an officer or director	Printed or typed name and title	
I her by accept the appointment as registered age I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is bring filed mergly to reflect a change corporation has been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.	
	03/24/2023	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Tasha Edwards, Special Secretary		
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 (04/13)