F09000001703

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DIVISION OF CORPORATIONS

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R.A. Chq. C.COULLIETTE

AUG 17 2011

EXAMINER



CORPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 879132

79132 784544

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: August 12, 2011

ORDER TIME : 11:46 AM

ORDER NO. : 879132-011

CUSTOMER NO: 7845443

CHANGE OF AGENT

NAME: CENTURY PAYMENTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	inge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Delaware ered agent, or both, in the State of Florida.		
		•		
The name of the control of the	the corporation: CENTURY PAYMEN office address: 2601 Network Blvd., S	uite 200, Frisco, TX 75034		
	omoo uddi coss.			
3. The mailing a	address (if different):			·
4. Date of incorp	poration/qualification: 04/24/2009	Document number: F09000001703		
	I street address of the current registered agement of State:	ent and registered office on file with the		
	C T Corporation System			٠
	1200 South Pine Island Road			SIVIE
	Plantation, FL 33324		AUG	ON O
6. The name and (if changed):	d street address of the new registered agent	t (if changed) and /or registered office	17 PH	NVISION OF CORPOR
	Corporation Service Company		3 :05	RATI
	1201 Hays Street		CAT.	\overline{z}
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301			
The street addre	ess of its registered office and the street a be identical.	address of the business office of its registered ag	gent,	
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so iffied in writing of the change.		
May	re of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)		
l further agree (of my duties, an document is bei corporation has	veen noujiea in writing of this change.	d agree to act in this capacity. tes relative to the proper and complete perform gation of my position as registered agent. Or, i registered office address, I hereby confirm tha	iance f this it the	
By: Elus	on Service Company mature of Registered Agent)	08/15/2011 (Date)		
f signing on be	half of an entity:			
	Dawson, Asst. Vice President			
T)	'yped or Printed Name)			

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

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