F09000002019

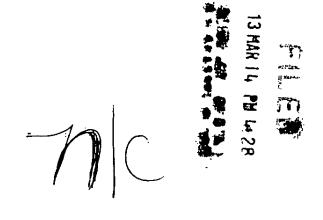
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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03-19-13 De

CustegraTM

5215 North O'Connor Boulevard, Suite 1200, Irving, Texas 75039 (972) 331-1000 Fax: (972) 331-1009

Via Certified Mail

March 7, 2013

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Certificate of Amendment – Custegra Payment Services, Inc.

Dear Sir/Madam:

Ethos Group Payment Services, Inc., a Texas corporation, requests to amend the corporation name to Custegra Payment Services, Inc. Accordingly in support of our request, please find enclosed herein for filing:

- 1. One (1) original and one (1) copy of the Amendment to Application for Authorization to Transact Business in Florida ("Amendment");
- 2. One (1) Certificate of Good Standing issued by the Texas Secretary of State.

Also enclosed is our check in the amount of \$43.75.

Once the Amendment has been processed, please return to me a file-stamped version of the Amendment in the pre-addressed, pre-paid return envelope which we have enclosed herein.

Thank you for your attention to this matter. If you have any questions or concerns, please feel free to give me a call.

Sincerely

David B. Snyder General Counsel

Senior Vice President

Chief Compliance Officer

Secretary

COVER LETTER

Division of Corporations	
SUBJECT: Ethos Group Payment Services, Inc	.
Nam	ne of Corporation
DOCUMENT NUMBER:	F09000002019
The enclosed Amendment and fee are sub	
Please return all correspondence concerni	ng this matter to the following:
David B. Snyder	
Name of Contact Person	
Custegra Payment Services, Inc.	
Firm/Company	
5215 N. O'Connor Blvd., Suite 1200	
Address	
Irving, TX 75039	
City/State and Zip Code	
legal@custegra.com	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this m	atter, please call:
David B. Snyder	at (972 331-1000 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt:
\$35.00 Filing Fee S43.75 Filing Fee Certificate of Sta	& \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Cornerations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F09000002019		- 1 ω ω	
	(Document num	nber of corporation (if known)	
1. Ethos G	roup Payment Services, Inc.		
	(Name of corporation as it appe	ars on the records of the Department of	of State)
2	Texas	3. 05/18/2009	28
	(Incorporated under laws of)	(Date authorized t	o do business in Florida)
		ECTION II LY THE APPLICABLE CHANGES)	
4. If the a	amendment changes the name of the corpora	ation, when was the change effe	cted under the laws of
its juri	isdiction of incorporation? 01/14/2013		
5. Custegra	a Payment Services, Inc.		
(Name appro	of corporation after the amendment, adding opriate abbreviation, if not contained in new	g suffix "corporation," "compar name of the corporation)	ny," or "incorporated," or
(If new busine	name is unavailable in Florida, enter altern ess in Florida)	ate corporate name adopted for	the purpose of transacting
6. If the a	amendment changes the period of duration,	indicate new period of duration.	
		New duration)	-
7. If the a	amendment changes the jurisdiction of incom	rporation, indicate new jurisdict	ion.
	(N	ew jurisdiction)	
	need is a certificate or document of similar im its prior to delivery of the application to the I custody of corporate records in the jurisdic		t, authenticated not more than etary of State or other official is incorporated.
	(Signature of a director, president or other officer - i of a receiver or other court appointed fiduciary, by	f in the hands that fiduciary)	
	David B_Soyder	GC, SVP, CCO, 9	Secretary

(Title of person signing)

(Typed or printed name of person signing)



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on January 14, 2013, Ethos Group Payment Services, Inc., a Domestic For-Profit Corporation (file number 800959208), changed its name to Custegra Payment Services, Inc..

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 18, 2013.



Phone: (512) 463-5555



John Steen Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709