

(Requestor's Name)					
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☐ PICK-UP ☐ WAIT ☐ MAIL					
(Business Entity Name)					
(Daniel at Niverbox)					
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2018 AUG 24 AM 9: 05 SECRETARY OF STATI

R. WHITE AUG 2 8 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 22, 2018

Order#: 350870-036

Re: PAYBOX CORP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX\_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	e provisions of sections 607.0502. 6 ange is submitted for a corporation der to change its registered office or	organized under the la	rws of the State o	f_Delaware	-
1. The name of	the corporation: PAYBOX CORP				
2. The principa	l office address: 500 East Broward	Boulevard, Suite 1550	D, Fort Lauderda	le, FL 33394	
3. The mailing	address (if different):				
4. Date of incom	rporation/qualification: 09/11/2009	) Document	number: F0900	00003633	
	nd street address of the current regist artment of State: (If resigned, enter r		red office on file	with the	
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation	FL	33324	_	
6. The name an (if changed):	d street address of the new registere Corporation Service Company	ed agent (if changed) ar	nd /or registered o		
	1201 Hays Street			2018 AUG 2 SECRETAS TALLAHI	1
PO Box NOT acceptable					
	Tallahassee	FL	32301	_ £ 333 - £ 333	
The street addr as changed wil	ress of its registered office and the l	street address of the bi	isiness office of	its Residence age	ni.
Such change w authorized by t	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of een notified in writing	directors or by ar of the change.		
<u> </u>		Jill Cilmi, Vice President			_
I hereb acrep I further agree performance of agent. Or, if the hereby confirm	ure of an officer or director  I the appointment as registered age to comply with the provisions of a f my duties, and I am familiar with his document is being filed merely to that the corporation has been note on Service Company	ent and agree to act in ll statutes relative to th and accept the obligat to reflect a change in t	he proper and co tion of my position he registered off	omplete on as registered	
By Ce	gnature of Registered Agent	08/22/2018	Date		-
·	chalf of an entity:		-		
Ami M. Casper	r, Asst. Vice President				
"	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