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Account#: I20000000088

Date: November 14, 2019	Account#. 12000000000							
Name: KEN HOWELL								
Reference #:1138816								
Entity Name: GOVERNMENT PAYMENT SERVICE, INC.								
Articles of Incorporation/Authorization to Tra	nsact Business							
✓ Amendment '								
Change of Agent	ISSUES? CALL							
Reinstatement	KEN:							
Conversion	518-213-0738							
Merger Merger								
☐ Dissolution/Withdrawal	-							
Fictitious Name	77							
Other ** PLEASE RETAIN FILE DATE OF 11/13/2019 - CERTIFIED COPY UPON FILING.**								
、								
Authorized Amount: \$43.75								
Signature:								

COVER LETTER

Division of Corpo	rations				
UBJECT: Government Payment Service, Inc.					
	Name of	Corporation			
DOCUMENT NUMBER	CUMENT NUMBER: F09000004932				
The enclosed Amendment	and fee are submitte	ed for filing.			
Picase return all correspon	dence concerning th	is matter to the following	ıg:		
Name of (Contact Person	<u></u>			
Firn	1/Company				
	ddress				
City/Stat	e and Zip Code				
E-mail address: (to be u	sed for future annual i	report notification)			
For further information cor	iceming this matter,	please call:			
Name of Contact P	erson	Area Code & Daytime	Felephone Number		
Enclosed is a check for the					
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$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:	<u>St</u>	reet Address:			

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2010 NOV 14 AN 10: 59

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 1 (1-3 must be completed)

	F0900004932	2		
	(Document number of corporati	on (if	known)	
l.	Government Payment So	ervic	e, Inc.	
•	(Name of corporation as it appears on the record	ds of t	he Department of State)	
2.	Delaware 3.		12/14/2009	·:
	(Incorporated under laws of)	(1	ate authorized to do business in Florida)	
	SECTION II		" out vore)	·
	(4-7 COMPLETE ONLY THE APPLE	ICABI	LE CHANGES)	· ():
4.	If the amendment changes the name of the corporation, when w	as th	e change effected under the laws of) <u>-</u>
	its jurisdiction of incorporation? October 8, 2019			•
5.	AllPaid, Inc.			
-	(Name of corporation after the amendment, adding suffix "corpappropriate abbreviation, if not contained in new name of the AllPaid of Delaware, Inc.	corpt	on," "company," or "incorporated," or oration)	
	(If new name is unavailable in Florida, enter alternate corporate	nam	e adopted for the purpose of transactin	Ŗ
1	business in Florida)		•	
6.	. If the amendment changes the period of duration, indicate new	perio	ed of duration.	
	(New duration)			
7.	If the amendment changes the jurisdiction of incorporation, inc	licate	new jurisdiction.	
	(New jurisdiction	-		
8.	Attached is a certificate or document of similar import, evidence 90 days prior to delivery of the application to the Department of having custody of corporate records in the jurisdiction under the	cing to Sta	he amendment, authenticated not more te, by the Secretary of State or other of us of which it is incorporated.	: than Ticial
	(Signature of a director, president or other of a receiver or other court appointed fi	er billi duciar	ger if in the hands y, by that fiduciary)	
	Brian Kibble-Smith		Assistant Secretary	
	(Typed or printed name of person signing)	-	(Title of person signing)	

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALLPAID, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLPAID, INC."

WAS INCORPORATED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203750823

Date: 10-08-19

4233682 8300 SR# 20197444087

Page 1

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'GOVERNMENT PAYMENT
SERVICE, INC.', FILED A RESTATED CERTIFICATE, CHANGING ITS NAME
TO 'ALLPAID, INC.' ON THE EIGHTH DAY OF OCTOBER, A.D. 2019, AT

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLPAID, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2006.

Authentication: 203752416

Date: 10-08-19

4233682 8320 SR# 20197448065

11:11 O'CLOCK A.M.