

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ALLPAID OF DELAWARE, INC.**

Certificate of Status	0
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2025 FEB 13 PM 3:50

RECEIVED

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)

F09000004932

(Document number of corporation (if known))

1. ALLPAID OF DELAWARE, INC.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 12/14/2009

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____

(City)

_____, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

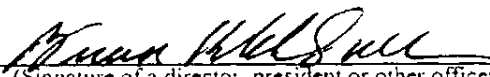
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President <input checked="" type="checkbox"/>	JONATHON SECREST	6513 CANYON RANCH ROAD	<input checked="" type="checkbox"/> Add
		FRISCO TX 75036	<input type="checkbox"/> Remove
Director	MATTHEW KOVEN	330 MADISON AVENUE 24TH FLOOR	<input checked="" type="checkbox"/> Add
		NEW YORK NY 10017	<input type="checkbox"/> Remove
CFO	Mark Klinker	8722 Woodmere Crossing Lane	<input checked="" type="checkbox"/> Add
		Charlotte, NC 28226	<input type="checkbox"/> Remove
AST SEC <input checked="" type="checkbox"/>	Brian KIBBLE-SMITH	420 CLINTON AVE.	<input checked="" type="checkbox"/> Add
		Oak Park IL 60302	<input type="checkbox"/> Remove
Director	DANIEL KIM	31 WEST 21ST ST 9TH FLOOR	<input checked="" type="checkbox"/> Add
		NEW YORK NY 10010	<input type="checkbox"/> Remove

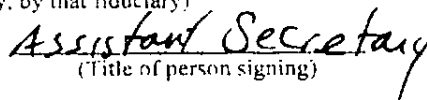
10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Brian Kibble-Smith

(Typed or printed name of person signing)



(Title of person signing)

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