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· To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

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RECHE ASSERTATION

REGISTERED AGENT CHANGE VISA U.S.A. INC.

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

statement of cha	nge is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, i nized under the laws of the State of DE tered agent, or both, in the State of Florida.	this	
	the corporation: VISA U.S.A. INC.			
The principal	office address: 900 Metro Center Bly	vd.		_
	CA 94404			_
***************************************	address (if different):			_
4. Date of incorp	poration/qualification: 7/7/2010	Document number: F10000003056		_
	d street address of the current registered artment of State:	agent and registered office on file with the		
	CT Corporation System			
	1200 South Pine Island Road			
•	Plantation FL 33324		m	
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	11 AUG -9	-1700FT
	Corporation Service Company		-9 G	
	1201 Hays Street		9 PM 2: 21	4
	(P.O. Box NOT acceptable	e)	- OR A	. =
	Tallahassee, FL 32301		2	5.
The street address changed will	ess of its registered office and the stree he identical.	t address of the business office of its register		"
Such change was authorized by the	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an officer s otified in writing of the change.	50	
Mari	rie lulle	Maureen Cullen, Vice President		
I hereby accept I further agree of my duties, an document is bei corporation has	ure of an officer or director) I the appointment as registered agent as to comply with the provisions of all sta nd I am familiar with and accept the ob- ing filed merely to reflect a change in to s been notified in writing of this change on Scrvice Company	(Printed or typed name and title) nd agree to act in this capacity, tutes relative to the proper and complete pe ligation of my position as registered agent, he registered office uddress, I hereby confir e.	erformance Or, if this m that the	
By: Must		August 4/ 2011		
	gnature of Registered Agent) Chalf of an entity:	(Date)		
- L	by, Assistant Vice President			
	Typed or Printed Name)			
	* * * FILING F	FF+ \$35 00 # * *		

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