

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

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

Email Address:__

REGISTERED AGENT CHANGE PRONTO MONEY TRANSFER INC.

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C. GOLDEN

JAN 2 5 2019

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pg 2 of 4 H19000028735 3

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Pronto Money Transfer Inc.
Name of Corporation

____F12000000337

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

,888 ,705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

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

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

statement of cha	provisions of sections 607.050 inge is submitted for a corpora ir to change its registered offic	ation organized	under the la	nvs of the State o	of Califor		
	the corporation: Pronto M						
	office address: 111 N SE ATTAN BEACH, CA		A BLV	D STE. 3	40		
3. The mailing a	uddress (if different):						
4. Date of incor	poration/qualification: 1/24	/2012	Document	number: F12	200000	0337	
	t street address of the current retrient of State: (If resigned, er	ater resigned)	YSTE		with the	20	
	PLANTATION,		FL	33324		2019 JAN 24	77
6. The name and (if changed):	d street address of the new regi	•	changed) ar	nd /or registered	offices 5	4 PH 12:	
	Registered Agent Sol 155 Office Plaza Dr.,					: 56	
	Tallahassee, FL 3230	P.O. Box NOTaccept	able		_		
The street address changed will	ess of its registered office and be identical.	the street addre	ess of the b	usiness office of	fits register	ed agen	t,
Such change wa authorized by the	as authorized by resolution du ne board, or the corporation ha	ily adopted by it as been notified	ts board of in writing	directors or by a of the change.	n officer so	•	
	lia Uzjel re ol an otker or director	<u>C</u>	laudia	Urjel		omplianc	e Officer
l further agree performance of agent. Or, if th	the appointment as registered to comply with the provisions my duties, and I am familiar is document is being filed mental the corporation has been	of all statutes r with and accept rely to reflect a notified in wri	elative to the the obligate change in the thing of this in the thing of this in the thing of the	he proper and co tion of my positi he registered of change,	ion as regis	tered s, I	
Sig	nature of Registered Agent	<u> </u>	1/22/20	19	· · · · · ·		
_	half of an entity:						
	nell - Assistant Secreta	ary					
Ŧ	yped or Printed Name						