Division of Corporations Electronic Filing Cover Sheet

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(((H23000112399 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

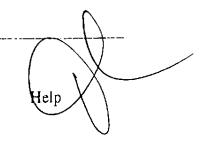
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

REGISTERED AGENT CHANGE PLANET PAYMENT, INC.

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$35.00	

Electronic Filing Menu

Corporate Filing Menu



15612148442

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

statement of cha	provisions of sections 607.0502, annual submitted for a corporation	n organized u	nder the laws of the State of	Delaware	
	r to change its registered office o		gent, or both, in the State of I	^e lorida.	
1. The name of t	the corporation: PLANET PAYM	ENT, INC.			
2. The principal	office address: 600 OLD COUNT	RY ROAD, ST	JITE 207 GARDEN CITY, NY	11530	
3. The mailing a	ddress (if different):				
4. Date of incorporation/qualification: 03/04/2020 Document number: F20000001				01189	
5. The name and	i street address of the current regi- tment of State: (If resigned, enter	stered agent a			
	CT CORPORATION SYSTEM			_	
	1200 SOUTH PINE ISLAND RO	AD		- 22°	
	PLANTATION, FL 33324			•	
6. The name and (if changed):	street address of the new registe	red agent (if o	hanged) and /or registered of	fice .=	
	United Agent Group Inc.			- :.	
	801 US Highway I			9	
P.O. Box NOT acceptable					
	North Palm Beach, FL 33408				
The street addre	ess of its registered office and the be identical.	: street addre	ss of the business office of it	is registered agent,	
Such change wa authorized by th	is authorized by resolution duly the boards of the corporation has l	adopted by it been notified	s board of directors or by an in writing of the change.	officer so	
1	Com	Tas	ha Edwards, Attorney-in-Fact		
Signatur	e of an officer or director		Printed or typed name and li		
I herdby accept I further agree t of my duties, an document is feli corporation has	the appointment as registered a o comply with the provisions of d I am familiar with and accept ny filed moyely to reflect a chan been notified in writing of this	zent and agro all statutes re the obligation ze in the regi. hange.	te to act in this capacity, elative to the proper and con on of my position as registere stered office address, I herei	nplete performance d agent. Or, if this by confirm that the	
	(n	03/2	24/2023	_	
Sign	nature of Registered Agent	. —	Date		
If signing on be	half of an entity:				
Tasha Edwards, S	Special Secretary				
	ped 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
CR2E045 (04/13)