F20000003297

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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2022 MAR 15 PM 1: 15

A RAMSEY
MAR 29 2022



370 W. Las Colinas Blvd., Suite 108, Irving, TX 75039 (972) 331-1000 Fax: (214) 550-4715

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Certificate of Amendment – Ethos Payment Solutions, Inc.

Dear Sir/Madam:

Aegis Payment Solutions, Inc., a Texas corporation, requests to amend the corporation's name to **Ethos Payment Solutions, Inc.** In support of our request, please find enclosed the following:

- 1. Amended Certificate of Authority Application; and
- 2. Certified Certificate of Fact with name change issued by the Texas Secretary of State; and
- 3. A check for the filing fee

Jeffrey S. Then ter

Thank you for your assistance with this matter. Should you have any questions, please contact me at legal@ethosgroup.com or (972) 331-1000.

Sincerely,

Jeffrey Hunter General Counsel

COVER LETTER

	nt Section Division of Corporati			
SUBJECT: A	egis Payment Solutions, Inc.			
		e of Corporation		
DOCUMENT NU	MBER: F20000003297			
The enclosed Amer	ndment and fee are submitted for	filing.		
Please return all co	rrespondence concerning this ma	itter to the follow	ring:	
Jeffrey	Hunter			
	Name of Contact Person			
Aegi	s Payment Solutions, Inc.			
	Firm/Company			
370 W Las	Colinas Blvd Ste 108			
	Address			
Irving,	TX 75039			
	City/State and Zip Code			
	hosgroup.com ss: (to be used for future annual r	annet natification		
		•	,	
	tion concerning this matter, plea			
Jeffrey Hun		at (_214	₎ 5504	
Name	of Contact Person	Area C	ode & Daytime	Felephone Number
···				
	for the following amount:			

Mailing Address:

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	N TO TRANSACT BUSINESS IN FLORIDA
	(Pursuant to s. 607.1504, F.S.)
	SECTION I
(1	-3 MUST BE COMPLETED)
,	SECTION I -3 MUST BE COMPLETED) 0003297 Bent number of corporation (if known)
	tent number of corporation (if known)
Aegis Payment Solutions, Inc.	Citi Hamoer of Corporation (in marrier)
· · · · · · · · · · · · · · · · · · ·	s it appears on the records of the Department of State)
Texas	3. 7/20/2020
(Incorporated under laws of)	(Date authorized to do business in Florida)
	SECTION II
(4-7 COMPLET	TE ONLY THE APPLICABLE CHANGES)
If the amendment changes the name of the cornoration	n, when was the change effected under the laws of its jurisdiction of
incorporation? 2/15/2022	in which was the change effected under the laws of respansation of
•	
Ethos Payment Solutions, Inc.	
(Name of corporation after the amendment, adding sunot contained in new name of the corporation)	uffix "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)
i. If the amendment changes the period of duration	indicate new period of duration.
If the unionalities contains the period of duration	, parioz or outanom
	(New duration)
	•
If the amendment changes the jurisdiction of inc	orporation, indicate new jurisdiction.
	(New jurisdiction)
If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	
N 60 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
The American September 11000	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing R	
i nereny accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Signature of New Registered Agent	t, if changing

Title/ Capacity	Name	Address	Туре	of Action
Secretary	David M. Terek	370 Las Colinas Blvd. W., Ste	108, Irving, TX 75039	⊠Add
				Remove
Secretary	Jeffrey J. Lukash	370 Las Colinas Blvo	1 W., Ste 108	□Add
	Irving, TX 75039		⊠Remove	
			□Add	
			Remove	
			□Add	
			Remove	
			□Add	
			Remove	
 Attached is a confidence of the application under the laws 	certificate or document of sir- ion to the Department of State of which it is incorporated.	nilar import, evidencing the amendment by the Secretary of State or other official	, authenticated not more al having custody of corpo	than 90 days prior to deliver orate records in the jurisdictio
	(Signa	ture of a director, president or other offi	cer - if in the hands of	
	a reco	iver or other court appointed fiduciary.	by that fiduciary)	

FILING FEE \$35.00

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on February 15, 2022, Aegis Payment Solutions, Inc., a Domestic For-Profit Corporation (file number 803204588), changed its name to Ethos Payment Solutions, Inc..

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 24, 2022.



John B. Scott Secretary of State

; (512) 463-5709 Dial; 7-1-1 for Relay Services TID; 10267 Document: 1123640970002

Phone: (512) 463-5555 Prepared by: SOS-WEB Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Ethos Payment Solutions, Inc. Filing Number: 803204588

Certificate of Amendment

February 15, 2022

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 25, 2022.



John B. Scott Secretary of State

Phone: (512) 463-5555 Fax: (
Prepared by: SOS-WEB T

Dial: 7-1-1 for Relay Services Document: 1124059270002 Form 424

Secretary of State P.O. Box 13697 Austin, TX 78711-3697

FAX: 512/463-5709

Filing Fee: See instructions



Certificate of Amendment

Filed in the Office of the Secretary of State of Texas Filing #: 803204588 02/15/2022 Document #: 1120801290002 Image Generated Electronically for Web Filing

Entity Information

The filing entity is a: Domestic For-Profit Corporation

The name of the filing entity is: Aegis Payment Solutions, Inc.

The file number issued to the filing entity by the secretary of state is: 803204588

Amendment to Name

The amendment changes the formation document of the filing entity to change the article or provision that names the entity. The article or provision is amended to read as follows:

The name of the filing entity is:

Ethos Payment Solutions, Inc.

A letter of consent, if applicable, is attached.

Statement of Approval

The amendment has been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing

▼A. This document becomes effective when the document is filed by the secretary of state.

□B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and declares under penalty of perjury that the undersigned is authorized under the Texas Business Organizations Code to execute the filing instrument.

Date: February 15, 2022

Jeffrey J. Lukash

Signature of authorized person

FILING OFFICE COPY