Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Fax Number : (954)208-0845

1,46 03 2017

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 GLOBAL EXPRESS MONEY ORDERS, INC.

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Help

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

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, t ized under the laws of the State of Maryland red agent, or both, in the State of Florida.	his	
	the corporation: GLOBAL EXPRESS MON			
2. The principal	office address: 8819 Monard Drive, Silvers	ping, MD 20910		
3. The mailing a	nddress (if different): c/o Corporate Legal D	epartment, 2211 North First Street, San Jose, C.	Λ 95131	
4. Date of incorp	poration/qualification: 12/21/1993	Document number: F93000005801		
5. The name and	d street address of the current registered ag	gent and registered office on file with the		
•	TRAC - THE REGISTERED AGENT COM			
	236 E.6th Avenue, Tallahassee, FL 32303		Ė	17
				<u>:</u>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				. '5 :
	C T Corporation System		.,	
	c/o C T Corporation System, 1200 South Pine Island Road			1
	P.O. Box NOT acceptable Plantation, Florida 33324			
	ess of its registered office and the street a be identical.	address of the business office of its register by its board of directors or by an officer so itied in writing of the change.		,
Jus	Ara der	Jessica Hale, Secretary		
Signature of an officer or director I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.				
By: CTCo	notation system UNMyerr	7/27/2017		
_	nature of Registered Agent	Date		
Cristic Myers				
Т	yped 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 (03/12)