10/9/2019

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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 WORLDPAY US, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$ 43.75

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Help

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organi in order to change its registered office or registe	zed under the laws of the State of GA	
1. The name of the corporation: WORLDPAY US, INC.	1	
2. The principal office address: 201 17th Street NW Suite 1	000 ATLANTA, GA 30363	
3. The mailing address (if different):	1	
4. Date of incorporation/qualification: 10/12/1994	Document number: F94000005304	
5. The name and street address of the current registered at Florida Department of State: (If resigned, enter resigned		
THE PRENTICE HALL CORPORATION	SYSTEM, INC.	
1201 HAYS STREET TALLAHASSEE. FI	1	
	7AL	
6. The name and street address of the new registered agen (if changed):	i (if changed) and /or registered office	
C T Corporation System		
e/o C T Corporation System, 1200 South Pi	ne Island Road	
P.O. Box NOTa Plantation, Florida 33324	icceptable 🔾	
The street address of its registered office and the street as changed will be identical.	ddress of the business office of its registered agent,	
Such change was futherized by resolution duly adopted authorized by the board, or the corporation has been not		
Signature of an officer or director	Jennifer Kurz, Vice President Printed or typed name and title	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all static performance of my duties, and I am familiar with and accept. Or, if this document is being filed merely to refle hereby confirm that the corporation has been notified in	l agree to act in this capacity.	
By:	10/4/2019	
Signature of Registered Agent Alfred Y	Date	
If signing on behalf of an entity: Assistant S		
Typed or Printed Name	-	
* * * FILING FEE: \$35.00 * * *		
 Make checks payable to Flor Mail to: Division of Corporations, P.C	RIDA DEPARTMENT OF STATE D. BOX 6327, TALLAHASSEE, FL 32314	

CR2E045 (03/12)