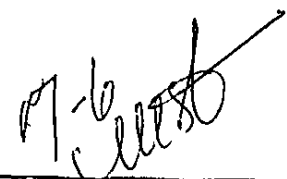


FILED

06 JUL -5 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000042330 1. Entity Name CARTRONICS HOLDINGS, LLC		06 JUL -5 AM 10:28 SECRETARY OF STATE TALLAHASSEE FLORIDA
Principal Place of Business 1800 N.W. 79TH AVE. MIAMI, FL 33126 Mailing Address 1800 N.W. 79TH AVE. MIAMI, FL 33126		 04172008 No Chg-LLC CR25083 (11/05) 4. FEI Number 20-0432331 Applied For Not Applicable 3. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent SCHROEDER, SCOTT 3300 PGA BLVD. SUITE 500 PALM BEACH GARDENS, FL 33410 DO NOT WRITE IN THIS SPACE		
6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, dated or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
7. MANAGING MEMBERS/MANAGERS		
TITLE	NAME	06/19/06-90368-031- \$50.00 DO NOT WRITE IN THIS SPACE 
STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP	
11. I hereby certify that the information supplied may not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to prepare this report as required by Chapter 806, Florida Statutes.		
SIGNATURE: _____ Signature and typed or printed name of signing business officer, or authorized representative Date _____		