

Division of Corporations

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**Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT  
Account Number : I20030000037  
Phone : (561) 835-8560  
Fax Number : (561) 650-8530

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

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
TRANSWORLD MERCHANT SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of Sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is TRANSWORLD MERCHANT SERVICES, LLC.

(a) The principal office address of the limited liability company (Note: Must be street address):

5101 NW 21<sup>st</sup> Avenue, Suite 300, Fort Lauderdale, FL 33309.

(b) Mailing address of limited liability company (Note: May be Post Office Box): 5101 NW 21<sup>st</sup> Avenue, Suite 300, Fort Lauderdale, FL 33309.

2. January 20, 2005 Date of Filing/Registration in Florida  
3. L05000006489 Document Number

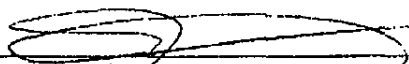
4. The name of the registered agent and the registered office as shown on the records of the Florida Department of State:

Howe, P.A., Jacqueline F.  
c/o Shutts & Bowen, LLP  
200 East Broward Boulevard, Suite 2100  
Fort Lauderdale, FL 33301

5. The name of NEW Registered Agent and/or NEW Registered Office Address:

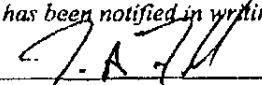
CORPORATION COMPANY OF MIAMI  
200 S. Biscayne Boulevard, Suite 4100 (JH)  
Miami, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or  
authorized representative of member

Jacqueline Howe, Authorized Representative  
Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change*

  
(Signature of Registered Agent) James A. Farrell, VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (Filing Fee: \$25.00)

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