## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000072083

Entity Name: SECURITY PROCESSING SERVICES, LLC

FILED Feb 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5349 NOB HILL RD. 6901 SW 18TH STREET

SUNRISE, FL 33351 E-201

BOCA RATON, FL 33433

Current Mailing Address: New Mailing Address:

5433 NW 20TH AVE. 6901 SW 18TH STREET BOCA RATON, FL 33496 E-201 BOCA RATON, FL 33433

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FAULY, LISA MARIE FAULY, LISA MARIE 5433 20TH AVE FAULY BY 18TH STREET

BOCA RATON, FL 33496 US E-201
BOCA RATON, FL 33433 US

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.

SIGNATURE: LISAMARIE FAULY 02/15/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 FAULY, LISAMARIE
 Name:
 FAULY, LISAMARIE

 Address:
 5433 20TH AVE
 Address:
 6901 SW 18TH STREET STE E-201

 City-St-Zip:
 BOCA RATON, FL 33496 US
 City-St-Zip:
 BOCA RATON, FL 33433 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LISAMARIE FAULY MNGR 02/15/2007