Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE LOTUS PAYMENT SYSTEMS, LLC

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EXAMINER

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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 608.416 or 608.508, 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. Name of the limited liability company: LOTU	JS PAYMENT SYSTEMS, LLC	
2. (a) Principal office address of limited liability	y company: 7512 Dr Phillips Blvd., Ste. 50-205, Su	<u>ite</u> 137
(Note: MUST BE STREET ADDRESS	Orlando, Florida 32819	_
(b) Mailing address of limited liability compa	nny: 7512 Dr Phillips Blvd., Ste. 50-205, Suite 137	
(Note: MAY BE POST OFFICE BOX)	Orlando, Florida 32819	
4/21/2009	L09000039761	- I
3. Date of filing/registration in Florida	4. Document number	ה ה
5. (a) Registered Agent and Registered Office s	shown on the records of the Florida Dept of States	0
Registered Agent:	C T CORPORATION SYSTEM 77 1200 SOUTH PINE ISLAND ROAD	_
Registered Office Address:	PLANTATION FL 33324 US	_
		_
(b) Enter name of <u>NEW Registered Agent</u> at <u>NEW</u> Registered Agent:	nd/or NEW Registered Office address: Business Filings Incorporated	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	1203 Governors Square Blvd, Suite 101,	
	Tallahassee ,FL 32301-296	<u>50</u>
and the business office of the registered agent will liability company, it is hereby confirmed that the	ade, the Florida street address of the registered office ll be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization	
Anjali Shah, Member		
Printed or typed name of signee		
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fi	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.	9
Mark Williams, AVP Business Fit		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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