Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007 Phone : (702)866-2500

Fax Number : (702)900-2290

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

documents@incorp.com Email Address:

LLC REGISTERED AGENT CHANGE **NSTANTPAY, LLC**

Certificate of Status	0
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COVER LETTER

TO: Registration Section Division of Corporations	·
	STANTPAY, LLC
SUBJECT: Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Amanda Morehouse	
Name of Person	
InCorp Services, Inc.	
Firm/Company	
3773 Howard Hughes Pkwy Suite 50	008
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
documents@incorp.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	se call:
Amanda Morehouse for InCorp Services, Inc.	800-246-2677
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	ount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

. Na	me of the limited liability company: NSTANTPA	Y, LLC		
	4111 METRIC DRIVE		(b) 4111 METRIC DRIVE	
(ω)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WINTER PARK, FL 32792		WINTER	PARK, FL 32792
	12/14/2015		L1500020	7393
	Date of filing/registration in Florida	:4		Document number
. (a)	DAY, TEXANNA			
	Registered Agent and Registered Office shown on the record	s of the Fl	orida Dept. of State	r:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDR	<u>(ESS)</u>	_
	WINTER PARK	, FL	32792	- 35 2
(b)	InCorp Services. Inc.			OZZNO
	Inter name of NEW Registered Agent and/or NEW Registered Office address:		語・フ	
	17888 67th Court North	~******		SSEE SSEE
	NEW Registered Office Address:			FILED 2021 NOV -9 MM 9: 16 SECRETARY OF STATE TALL LAHASSEE, FILE
	Loxahatchee	. FI.	33470	
e cha ent v as/we e arti	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membericles of organization or the operating agreement of	is of the leadiliters of the limit	registered offici ty company, it is slimited liabilit	e and the business office of the registe s hereby confirmed that the change(s) y company or as otherwise provided in apany. AY
	ture of a member or authorized representative of a member	-		Printed or typed name of signee
ovisi e obl mere	by accept the appointment as registered agent and ions of all statutes relative to the proper and complyations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	' agree to lefe perf vided for s, I herei	o act in this cap ormance of my in Chapter 602 by confirm that	acity. I further agree to comply with duties, and I am familiar with and accome, F.S. Or, if this document is being fithe limited liability company has been
	Isabel Burgos on t	oehalf d	of InCorp Ser	vices, Inc.