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(Address)							
(Address)							
(City/State/Zip/Phone #)							
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: IPPAY, LLC		
	ne of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the	following:
CRAIG KELLEY		
Name of Person		_
KËLLEY & FULTON, PL		
Firm/Company		
1665 PALM BEACH LAKES BLVD, ST	E 1000	
Address	-	
WEST PALM BEACH, FL 33401		
City/State and Zip Code		
CRAIG@KELLEYLAWOFFICE.COM		
E-mail address: (to be used for future and	iual report noti	fication)
For further information concerning this matter	please call:	
Craig I Kelley	561	4911200
Name of Person		Area Code & Daytime Telephone Number
Registration SectionRegistration SectionDivision of CorporationsDClifton BuildingP.		AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314
Enclosed is a check for the following	; amount:	
☑ \$25 Filing Fee	□ s	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.

1. N	ame of the limited liability company: IPPAY, LLC)				
			(b)			,
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited lia (Note: MAY BE POST Of	-	
	2001 BROADWAY		2001 BI	ROADWAY		
	SUITE 200		SUITE	200,		
	RIVIERA BEACH, FL 33404		RIVIERA	A BEACH, FL 33404		
3.	Date of filing/registration in Florida	— 4.		Document number		-
5. (a)	L17000064678					1
J. (a,	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of Sta	te:		
	CORPORATION SERVICE COMPANY					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE.	<u>SS)</u>	-	18	SINIO
	1201 HAYS STREET, 1000				JAN	ECRE
	TALLAHASSEE	_{FL} 3230	1	_	116	OF CO
					A	RY OF STATE CORPORATIONS
(b)		100		_	ð: 44	RAI ARAI
	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	address;		#	<u> </u>
	KELLEY & FULTON, PL					תי
	NEW Registered Office Address:		 			!
	1665 PALM BEACH LAKES BLVD, STE 1	000		<u>_</u>		,
	WEST PALM BEACH	_{FL} 3340	1			
(Palaca	limited liability company is not organized under the			— Lamida it is barahu samtir	مله المرسية	at attal
the ch agent was/w	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members licles of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the case of organization or the case of organization or the case of a Florida street address will be addressed in the case of a Florida case of the	of the reg liability s of the li	gistered offic company, it i mited liabili	te and the business office is hereby confirmed that ty company or as otherw	e of the the cha	registered inge(s)
	nomas Della Rocco	Ţ	OMMY DE	LLA ROCCO		ļ
Sign	ature of a member or authorized representative of a member			Printed or typed name of si	gnee	1
provis the ob to mer notifie	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provide rely reflect a change in the registered office address, of in writing of this change	igree to a te perfor ded for it I hereby	ct in this cap mance of my 1 Chapter 60, confirm that	oacity. I further agree to duties, and I am familia 5, F.S. Or, if this docum the limited liability com	ecomply with a sent is he pany he	y with the ind accep peing filed as been

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