## LI7 0000 82886

(Requestor's Name)  (Address)  (Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
6				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

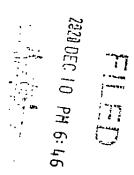




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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 8, 2020

Order#: 539226/007

Re: MSTS PAYMENTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.

ı. Na	me of the limited liability company: MSTS PAYMEN	TS, LLC	
2. (a)	8650 COLLEGE BLVD	(b) 8650 Co	OLLEGE BLVD
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	OVERLAND PARK, KS 66210	OVERL	AND PARK, KS 66210
	04/12/2017	L1700008	32886
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.	Document number
(b)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of Sta	nte:
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	2929 DEC
	PLANTATION, FL	33324	C C C C C C C C C C C C C C C C C C C
	Enter name of NEW Registered Agent and/or NEW Registered  Corporation Service Company  NEW Registered Office Address:	Office address:	6:46
	1201 Hays Street		_
	Tallahassee, FL	32301	_
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered office a bility company, it if the limited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	/s/ Jason Peterson	Jason Peterso	on, Chief Risk Officer and Secretary
I here provisi the obl to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	<i>pertormance ot m</i> v	duties, and I am familiar with and accept
Signatu Grace	Croce C-Kuble  re of Registered Agent E. Kirby, Asst. Vice President of Corporation Service Company		

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