

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL  
Account Number : 110432003053  
Phone : (561)694-8107  
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SECRETARY OF STATE  
TALLAHASSEE, FL

**LLC REGISTERED AGENT CHANGE  
AVIDA PAYMENTS LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

JAN 21 2021  
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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 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. Name of the limited liability company: AVIDA PAYMENTS LLC

2. (a) 3901 ARLINGTON HIGHLANDS BLVD. (b) 1875 INDIAN ROCKS RD  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

ARLINGTON, TX 76018

S LARGO, FL 33774

12/08/2020

L20000383896

3. Date of filing/registration in Florida

4. Document number

5. (a) BUCKLEY, PAUL A

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8270 WOODLAND CENTER BLVD.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33614

(b) Corporate Creations Network Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

801 US Highway 1

NEW Registered Office Address:

North Palm Beach, FL 33408

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.




Jenisa Irizarry, Attorney-in-Fact

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Jenisa Irizarry, Special Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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