124000070124

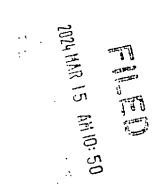
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

TO:

INH\$18 (2/14)

Registration Section

Divi	sion of Corporations				
SUBJECT:	REVOLUTION PAYMENT SYSTEMS LLC Name of Limited Liability Company				
50 5 0 1 011					
Dear Sir or 1	Madam:				
The enclosed	d Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the	following:		
DONNA MO	WEN. ADMINISTRATOR				
	Name of Person	•	_		
REVOLUTION	ON PAYMENT SYSTEMS LLC				
······································	Firm/Company		_		
22 WAYSID	E AVE				
•	Address		_		
HAGERSTO	WN, MD 21740				
	City/State and Zip Code				
donna@revol	ution-payments.com				
E-mail	address: (to be used for future and	nual report notifi	cation)		
For further i	nformation concerning this matter	, please call:			
DONNA MO	WEN	301 at (790-3450		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	losed is a check for the following	g amount:			
■ \$.	25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy		

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.

. (a)		(b) _	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2701 NE 26TH AVE.		
	FT LAUDERDALE, FL 33306		
	02/07/2024	L2	4000070124
	Date of filing/registration in Florida	4.	Document number
. (a)			
. (a)	Registered Agent and Registered Office shown on the records of	of the Florida De	ept. of State:
	SEAN P JONES		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	215 SE 8TH AVE		= 1
	FT LAUDERDALE , F	33301 FL_	7024 HAR 15
		-	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		50 So
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addre	<u>ss</u> :
	SEAN P JONES		
	NEW Registered Office Address:		
	2701 NE 26TH AVE		
	FT LAUDERDALE , E	FL 33306	
		C.I. C.	
	imited liability company is not organized under the less or changes are made, the Florida street address of the		
gent v	vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members	liability comp	pany, it is hereby confirmed that the change(s)
	cles of organization or the operating agreement of the		
		SEAN J	IONES
Signa	ture of a member of authorized representative of a member		Printed or typed name of signee
	by accept the appointment as registered agent and ag	gree to act in	this capacity. I further agree to comply with the ee of my dutics, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

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