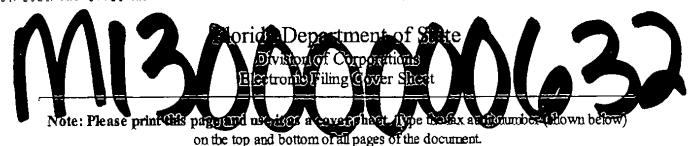
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 : (702)866-2689 Fax Number

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COVER LETTER						
TO: Registration Section Division of Corporations						
SUBJECT: TouchPay Holdings, LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Erin Regan Name of Person						
InCorp Services, Inc. Firm/Company						
3773 Howard Hughes Pkwy, Suite 500S Address						
Las Vegas, NV 89169-6014 City/State and Zip Code						
documents@incorp.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Erin Regan for InCorp Services, Inc. at (800) 246-2677 Name of Person Area Code & Daytime Telephone Number						
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303						
Enclosed is a check for the following amount:						
\$25 Filing Fee & Certified Copy □ \$55 Filing Fee & Certified Copy						
INHS18 (2/14)						

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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.

Name of the limited liability con	TouchPay I	loldings,	LLC			_	
a) Principal office address of ii (Note: MUST BE ST				Mailing addre	ss of limited Y BE PQSI		-
10005 Technology Blvd	W, Suite 130		10005	Technolog	y Blvd V	۷, Suit	te 130
Dallas, TX 75220			Dallas,	TX 75220			
01/29/2013			M1300	0000632			
Date of filing/registr	ation in Florida	4.		Document	t number	-	
(-)							
(a)	ffice shown on the records	of the Florid	Dept. of St	ate;			
NRAI SERVICES, INC			•				
Registered Office Address (MU	ST BE FLORIDA STREE	T ADDRESS		<u> </u>			
1200 South Pine Island							
	 _	33334			*	21	
Plantation	,	FL		_	۳ تا	ć. <u></u>	
					-	(<u>)</u>	••
b) Enter name of <u>NEW Registered A</u>	gent and/or NEW Registe	red Office as	dress:	_	•	1	
Differ flance or Land to Architector 19						A	(C)
InCorp Services, Inc.					31 	7	~
NEW Registered Office Address:				_		ਜ }}	
17888 67th Court North						٠,	
Loxahatchee		_{pr} 334	7 0				
change or changes are made, the nt will be identical. Or, in the case were authorized by an affirmati articles of organization or the open contents.	ot organized under the Florida street address use of a Florida limite ve vote of the membe	laws of the sof the reg d liability or rs of the linthe	istered off ompany, i nited liabi	ice and the t t is hereby c lity company ompany.	ousiness o onfirmed	that the	tne registe change(s)
ignature of a member of authorized repr	esentative of a member				typed name	of signe	e
nereby accept the appointment as visions of all statutes relative to obligations of my position as requirely reflect a change in the registred in writing of this change.	registered agent and the proper and compi gistered agent as prov gistered office address	iete perjori vided for in 1, I hereby	Chapter 6 Confirm th	of the limite	nther agr d I am fan , if this do d liability	ee to co niliar w ocumen compa	omply with with and ac t is being f ny has bee
fgnature of Registered Agent	Erin Regan on bel	alf of InC	orp Serv	vices, Inc.			

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