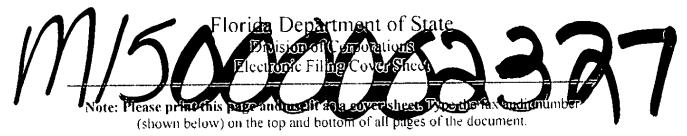
3/15/2021

Division of Corporations



(((H210001046763)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

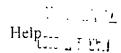
Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN METAVANTE PAYMENT SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.4
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu



Page: 3 of 5

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

4

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears on the records of the Florida Department of State: Metavante Payment Services, LLC	
State:	
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liability company is: M15000002327	
3. Jurisdiction of its organization: DE	
4. Date authorized to do business in Florida: 03/30/2015	
SECTION II (5-9 complete only the applicable changes)	
5 New name of the limited liability company: RealNet Payments LLC (must contain "Limited Liability Company," "L.L.C.,	nt 1 (2.22)
(must contain "Limited Liability Company, " L.D.C	or inco.
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florid copy of the written consent of the managers or managing members adopting the alternate name. The must contain "Limited Liability Company," "L.L.C." or "LLC.")	e anceriate name
6. If amending the registered agent and/or registered officer address on our records, enter the name registered agent and/or the new registered office address here:	of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida Street Address	- :
	- 2
Florida	!ip Code
New Registered Agent's Signature, if changing Registered Agent. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree the provisions of all statutes relative to the proper and complete performance of my duties, and I a and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. document is being filed to merely reflect a change in the registered affice address. I hereby confirmability company has been notified in writing of this change.	Or, if this

Päge: 4 of 5

If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:					
tle! Capacity	<u>Name</u>	Address	Type of Action		
			Add		
			Remov		
			Add		
			Remo		
			Add		
			Remo		
			Add		
			Remov		
			Add		
Attached is a certi	ificate, if (equired: no more than 9	0 days old, evidencing the	Remo		
aforementioned a	mendment(s), duly authenticated be the law of which this entity is org	anticl	in the		
	Signatur do	The authorized representative			

To: 18506176383 * Páge: 5 of 5 2021-03-15 15:01:20 CST 12122023573 From: Kimberly Laughrey



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'METAVANTE PAYMENT

SERVICES, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO 'REALNET PAYMENTS LLC' ON THE SEVENTEENTH DAY OF

FEBRUARY, A.D. 2021, AT 1:59 O'CLOCK P.M.



Authentication: 202702828

Date: 03-10-21