

M16000004288

(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:

Office Use Only



500290985845

500290985845
10/21/16--01025--003 **30.00

RECEIVED
SUFFICIENCY OF FILING

16 OCT 21 PM 1:52

RECEIVED
FALL ARBOR

2016 OCT 21 PM 2:54

M. MILLIGAN
OCT 21 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CSI Acquisition Sub One, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory M. Krzemien

Name of Person

JetPay Corporation

Firm/Company

1175 Lancaster Avenue

Address

Berwyn, PA 19312

City/State and Zip Code

gkrzemien@jetpaycorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory M. Krzemien at (610) 797-9500

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Collectorsolutions, LLC

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: M16000004288

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 27, 2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: JetPay Payment Services, FL, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

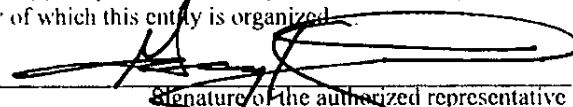
_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Gregory M. Krzemien

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "COLLECTORSOLUTIONS, LLC", CHANGING ITS NAME FROM "COLLECTORSOLUTIONS, LLC" TO "JETPAY PAYMENT SERVICES, FL, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2016, AT 11:41 O'CLOCK A.M.

2016 OCT 21 PM 2:54
J. W. Bullock
Secretary of State




Jeffrey W. Bullock, Secretary of State

5952322 8100
SR# 20166306063

Authentication: 203201963
Date: 10-21-16

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:41 AM 10/21/2016
FILED 11:41 AM 10/21/2016
SR 20166306063 - File Number 5952322

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION
OF
COLLECTORSOLUTIONS, LLC

1. The name of the limited liability company is CollectorSolutions, LLC.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Item FIRST of the Certificate of Formation shall be deleted in its entirety and the following shall be inserted in lieu thereof:

FIRST: The name of the limited liability company (hereinafter called the "limited liability company") is JetPay Payment Services, FL, LLC.
3. This Certificate of Amendment shall be effective upon its filing with the Office of the Secretary of State of the State of Delaware.

[Signature Page Follows]

2016 OCT 21 PM 2:54
DELAWARE SECRETARY OF STATE

IN WITNESS WHEREOF, the undersigned has signed this Certificate of Amendment of the Certificate of Formation of CollectorSolutions, LLC this 21st day of October, 2016.

JETPAY CORPORATION

Sole Member

By: 

Name: Gregory M. Krzemien

Title: Chief Financial Officer

2016 OCT 21 PM 2:54
JUL 11 AM 10:27 2016