M1600000 4288

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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

ว		me of the limited liability company: <u>JETPAY PAYMI</u> 7450 Tilghman Street	(b)	
۵.	(1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Allentown, PA 18106	 -	Center Valley, PA 18034
		05/27/2016	~	M16000004288
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	C T Corporation System		
		Registered Agent and Registered Office shown on the records of t	he Florida I	Dept. of State:
		1200 South Pine Island Road		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		Plantation . FL	33324	
	(b)	Corporation Service Company		
	, .	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	2819 FEB 14 FH 10: 84
		1201 Hays Street		
		NEW Registered Office Address:		
				
		Tallahassee, FL	32301	
the ag wa	e cha ent v as/we	mited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registe ability con f the limit	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
1	s/ Le	anne Cropper	Leanr	ne Cropper
	Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
pr thi to	ovisi e obl mere	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act i performar I for in Ch tereby cor	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept aapter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been
Si	gnatu	re of Registered Agent Corporation Service Company	BY: An	ni M. Casper, Asst. Vice President

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