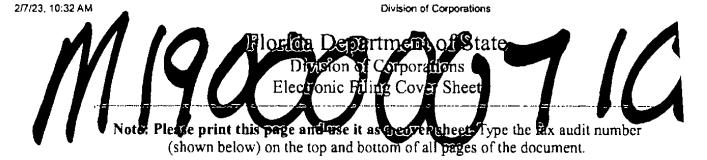
10.



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LLC REGISTERED AGENT CHANGE **PAYRIX SOLUTIONS, LLC**

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FEB Jd 2023

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOT LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability c submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

E :	Same of the limited liability company: PAYRIX SOLU	TIONS,	LLC	<u> </u>	
)		(b)		
(Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		····	Mailing address of limited (Note: MAY RE POST	liability compa
	\$500 Governors Hill Drive		8500	0 Governors Hill Drive	
	Cincinnati, OH 45249-1384		Cinc	cinnati, OII 45249-1384	
	07/23/2019		M190	000007108	
3.	Date of filing/registration in Florida	4.		Document number	
5. (1	CAPITOL CORPORATE SERVICES, INC.				
	Registered Agent and Registered Office shown on the records of		·-	of State:	
	Registered Office Address (MUST BE FLORIDA STREET) 515 EAST PARK AVE. 2ND FL	ADDRE	<u>22)</u>		
					202
	TALLAHASSEE FILMER FILM	L <u></u>		_ _	2023 FF8
(b)	Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address:	d Office	address'	· · · · · · · · · · · · · · · · · · ·	п.с. -7 АНЮ :56
	1200 South Pine Island Road				
	Plantation FI	33324			
the clagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members utilities of organization or the operating agreement of the Charles buller	f the repliability of the limited	gistered compan mited li	office and the business offi y, it is hereby confirmed the iability company or as other ty company.	ce of the regist at the change(s
Sign	ature of a member of authorized representative of a member	_		Printed or typed name of	signee
provi the or to me notifi By:	eby accept the appointment as registered agent and agesions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, the CT Corporation System	e perfor ed for n	mance o i Chapi	of my duties, änd Lam Jamil. Er 605. F.S. Or, if this docu	iar with and ac ment is beine f
Signa	ure of Registered Agent Stephen Re VP & Asst.				
	Division of Corporations • P.O.	Box 63	27● Tal	llahassee, Fl. 32314	

FILING FEE: \$25.00

INH\$18 (2/14)