

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
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Phone : (954)208-0845
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**LLC REGISTERED AGENT CHANGE
PAYRIX SOLUTIONS, LLC**

Certificate of Status	0
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Corporate Filing Menu

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FEB 08 2023

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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 Florida.

1. Name of the limited liability company: PAYRIX SOLUTIONS, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
5500 Governors Hill Drive
Cincinnati, OH 45249-1384

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
8500 Governors Hill Drive
Cincinnati, OH 45249-1384

3. 07/23/2019 Date of filing/registration in Florida

4. M19000007108 Document number

5. (a) CAPITOL CORPORATE SERVICES, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

515 EAST PARK AVE. 2ND FL

TALLAHASSEE, FL 32301

(b) C T Corporation System

Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Charles H. Keller

Charles H. Keller

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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.

By: C T Corporation System

Signature of Registered Agent

Stephen Bullis
VP & Asst. Secy.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

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