From: Lexus W

11/24/21, 11:22 AM

Division of Corporations

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SWBC PAYMENTS, LLC

Certificate of Status	0
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DEC 1 5 2021

S. PRATHER

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Help

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 appear	s on the records of the Florida Department of
State: SWBC Payments, LLC	
Enter new principal office address, if applicable:	9311 San Pedro Avc. Stc. 600
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	San Antonio, TX, 78216
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lin	ability company is: M20000008423
3. Jurisdiction of its organization: Texas	
4. Date authorized to do business in Florida: $\underline{09/2}$	5/2020
SECTION II (5-9 complete only the applicable	-
5. New name of the limited liability company: Sy (must	wivel Transactions, LLC at contain "Limited Liability Company, ""L.L.C.," or "J.J.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or matmust contain "Limited Liability Company," "L.L.	I for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida City Zip Code
	City Zip Code
the provisions of all statutes relative to the proper and accent the obligations of my position as reels.	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited
	Changing Registered Agent, Signature of New Registered Agent

From: Lexus W

8. If the amendment changes person, fitle or capacity in accordance with 605.0902 (1)(c), indicate that change:			
Title/ Capacity	Name	<u>Address</u>	Type of Action
			DAdd
			□Remov
			□Add
			ERemov
			C]Add
			∐Remov
			□Add
			ERemov
aforementioned an	he law of which this entity is	ed by the official having custody of records in	□Remove

Filing Fce: \$25.00

To: +18506176383 · 2021-12-14 13:59:38 CST 12122023573 From: Lexus V Page: 6 of 6

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John B. Scott Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on October 25, 2021, SWBC Payments, LLC, a Domestic Limited Liability Company (LLC) (file number 803657451), changed its name to Swivel Transactions, LLC.

> In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 23, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

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