

P 03000127570

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : BATTAGLIA ROSS CORPORATE
Account Number : I200000000275
Phone : (727) 381-2300
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

AMERICAN UNION CARD ACCESS SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	00, 02
Estimated Charge	\$35.00

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Union Card Access Systems, Inc.
2. The principal office address: 420 McGarity Drive
McDonough, GA 30252 US
3. The mailing address (if different): PO Box 59
Griffin, GA 30224 US
4. Date of incorporation/qualification: 11-6-2003 Document number: P03000127570
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation Systems

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joseph Sansonetti

10935 SW 186th Circle

(P.O. Box NOT acceptable)

Dunnellon, FL 34432

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of all officer or director)

Joseph Sansonetti, Director, President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

May 18, 2006

(Date)

If signing on behalf of an entity:

Joseph Sansonetti

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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