P07000013247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Better Business Payment Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: P07000013247

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

George R. Hentschel CPA PA
Name of Contact Person

(SAME AS ABOVE)
Firm/Company

3649 Crown Point Ct.
Address

Jacksonville, Fl. 32257
City/State and Zip Code

GHentschel@cpajax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Hentschel at (904) 262-2684
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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: Better Business Payment Solutions, Inc
2. The principal office address: 3649 Crown Point CT
   Jacksonville, Fl. 32257
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/29/2007 Document number: P07000013247
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   Ronnie Austin President
   427 Palm Ave
   Ormond Beach, Fl. 32174

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

   George R. Hentschel CPA, PA
   3649 Crown Point Ct.
   P.O. Box NOT acceptable
   Jacksonville, Fl. 32257

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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.

Ronnie Austin — Signature of an officer or director

Ronnie Austin President — Printed or typed name and title

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

4.19.21
Date

If signing on behalf of an entity:

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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