

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000050506

FILED
Jun 23, 2009
Secretary of State

Entity Name: BLUE CHIP PAYMENT SERVICES INC.

Current Principal Place of Business:

6685 QUEENS BOROUGH AVE #207
ORLANDO, FL 32835

New Principal Place of Business:

561 DOMINISH ESTATES DR
APOPKA, FL 32712

Current Mailing Address:

6685 QUEENS BOROUGH AVE #207
ORLANDO, FL 32835

New Mailing Address:

561 DOMINISH ESTATES DR
APOPKA, FL 32712

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

WEDDINGTON, CHARLES E
561 DOMINISH ESTATES DR
APOPKA, FL 32712 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLES E WEDDINGTON

06/23/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WEDDINGTON, CHARLES E
Address: 6685 QUEENS BOROUGH AVE #207
City-St-Zip: ORLANDO, FL 32835

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEDDINGTON, CHARLES E
Address: 561 DOMINISH ESTATES DR
City-St-Zip: APOPK, FL 32712

Title: VP () Change (X) Addition
Name: WEDDINGTON, ERIN
Address: 561 DOMINISH ESTATES DR
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E WEDDINGTON

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06/23/2009

Electronic Signature of Signing Officer or Director

Date