POS 000063585

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COVER LETTER

TO: Amendment Section Division of Corporations

WILDCARD CONSULTING, INC.

Name of Corporation

DOCUMENT NUMBER, P08000063585

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

Travis Dulaney

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

151 N Nob Hill Road #180

Address

Plantation, Florida 33324

City/State and Zip Code

tdulaney@wildcardpayments.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Dulaney

...954

465-7906

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statut unized under the laws of the State of Florid	la	
		tered agent, or both, in the State of Floria	ia.	
1. The name of t	he corporation: WILDCARD CON	ISULTING, INC.		
	office address: 151 N Nob Hill Ro n, Florida 33324	oad # 180		
	ddress (if different): 151 N Nob Hi	II Road # 180		<u></u>
4. Date of incorporation/qualification: 07/02/2008 Document number: P08000063585				
5. The name and		agent and registered office on file with the	e	
	Dulaney, Travis			
	11720 NW 26th Street			
	Plantation, Florida 33323		, 	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				17
	Dulaney, Travis		\$24	**************************************
	151 N Nob Hill Road # 180		- E	177
	P.O. Box NO Plantation, Florida 33324	T acceptable	0. 3. 3. 3.	(_{hand})
			<u>-</u> ∞	
The street addre as changed will	ss of its registered office and the stree be identical.	t address of the business office of its regi	istered agent,	
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been n	d by its board of directors or by an office otified in writing of the change.	er so	
2		Travis D Dulaney CEO, Pres	sident	
I herehy accept	the appointment as registered agent a the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and s document is being filed merely to rej that the comporation has been notified	Printed or typed name and title nd agree to act in this capacity. Itutes relative to the proper and complete accept the obligation of my position as relect a change in the registered office add in writing of this change.	e egistered dress, I	
2	8-20-2015			
Sign	nature of Registered Agent	Date	 	
If signing on be	half of an entity:			
TRAVES	ped or Printed Name			

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