

2091000058558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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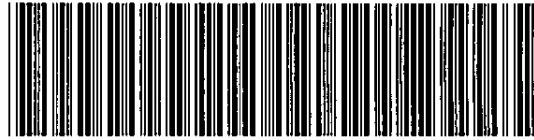
(Business Entity Name)

(Document Number)

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OCT 20 2014

C. CARROTHERS

FILED
2015 OCT 19 AM 10:49
TALLAHASSEE, FLORIDA
SECOND JUDGE
TALLAHASSEE, FLORIDA

FILED
2015 OCT 19 AM 9:09
TALLAHASSEE, FLORIDA
SECOND JUDGE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 835778 98373A

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : October 19, 2015

ORDER TIME : 9:15 AM

ORDER NO. : 835778-005

CUSTOMER NO: 98373A

DOMESTIC AMENDMENT FILING

NAME: WAVECREST PAYMENT SERVICES OF
THE AMERICAS, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WAVECREST PAYMENT SERVICES OF THE AMERICAS, INC.

DOCUMENT NUMBER: P09000058558

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. CHRISTIAN SAUTTER, ESQ.

Name of Contact Person

SEILER, SAUTTER, ZADEN, RIMES & WAHLBRINK

Firm/ Company

2850 NORTH ANDREWS AVENUE

Address

FORT LAUDERDALE, FL 33311

City/ State and Zip Code

CSAUTTER@SEISAU.NET

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

For further information concerning this matter, please call:

C. CHRISTIAN SAUTTER, ESQ.

at (954)

568-7000

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

Articles of Amendment
to
Articles of Incorporation
of

WAVECREST PAYMENT SERVICES OF THE AMERICAS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000058558

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	DIR	TINA LIN	62 CUMULUS HOUSE
<input type="checkbox"/> Add			TRADEWINGS
<input checked="" type="checkbox"/> Remove			GILBRALTAR GI
2) <input type="checkbox"/> Change	DIR	DAVID WILFORD	11555 HERON BAY BLVD.
<input type="checkbox"/> Add			2ND FLOOR
<input checked="" type="checkbox"/> Remove			CORAL SPRINGS, FL 33076
3) <input type="checkbox"/> Change	DIR	ROBERT PINCUS	11555 HERON BLVD.
<input checked="" type="checkbox"/> Add			2ND FLOOR
<input type="checkbox"/> Remove			CORAL SPRINGS, FL 33076
4) <input type="checkbox"/> Change	DIR	MILES PASCHINI	1105 LA JOLLA RANCHO RD.
<input checked="" type="checkbox"/> Add			LA JOLLA, CA 92037
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

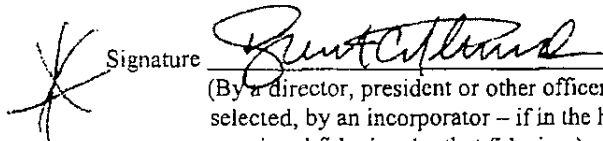
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*
- "The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)
- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

OCTOBER 15, 2015
Dated _____

 Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

X _____ Brent Almeida
(Typed or printed name of person signing)

X _____ Director and CEO
(Title of person signing)