# 1/2000053921

(Re	questor's Name)		
(Ad	dress)		
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(Cit	ry/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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2012 JUL - 6 AM IB: 40
SECRETARY OF STATE
ALLAHASSEE, FLURRIDA

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

e, Inc.	
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bmitted for filing.	
ter to the following:	
Name of Contact Person	
enis Fishman, Ll	_C
Firm/ Company	
treet, Suite 603	
Address	
80	
City/ State and Zip Code	e
om	
ed for future annual report	notification)
e call:	
<sub>at (</sub> 305	931-9355
	de & Daytime Telephone Number
payable to the Florida Depa	artment of State:
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301
	Name of Contact Person Pris Fishman, LL Firm/ Company treet, Suite 603  Address  80  City/ State and Zip Code  om ed for future annual report  e call: at (305 Area Co  payable to the Florida Depayable to the Florida Depayable to the Florida Depayable to the Florida Depayable to the Florida Copy (Additional copy is enclosed)  Street Amendo Division 2661 E



# FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2012

DENIS FISHMAN LAW OFFICES OF DENIS FISHMAN, LLC 2999 NE 191ST STREET, SUITE 603 AVENTURA, FL 33180

SUBJECT: QIWI SERVICE, INC. Ref. Number: P12000053921

We have received your document for QIWI SERVICE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 512A00017148

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Qiwi Service	e, Inc.	
DOCUMENT NUM	IBER: P1200005392	1	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Denis Fishman		
		Name of Contact Person	n
	2999 NE 191st S	treet	
		Firm/ Company	
	2999 NE 191st S	treet, Suite 603	
•		Address	· · · · · · · · · · · · · · · · · · ·
	Aventura, FL		
		City/ State and Zip Cod	e .
fis	hmanlaw@bellsou	th.net	
<u></u>	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Denis Fishn	nan	at (305	931-9355
Name	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)
Ar Di P.	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Qiwi Service, Inc.		
		<u> </u>
(Name of Corporation as currently filed	with the Florida Dept. of State	
12000053921		SST
(Document Number of Con	rporation (if known)	
arsuant to the provisions of section 607.1006, Florida Sta	atutes, this <i>Florida Profit Corpo</i>	ration adopts the following ame
If amending name, enter the new name of the corpo	oration:	
Paypoint Service, Inc.		The
ame must be distinguishable and contain the word 'Corp.," "Inc.," or Co.," or the designation "Corp," or "chartered," "professional association," or the abb	"Inc," or "Co". A professional	
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRE	<u></u>	
		· · · · · · · · · · · · · · · · · · ·
	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
•		
To amound in a thin was interest and for was interested as	office address in Florida, onto	u tha nama of the
. If amending the registered agent and/or registered new registered agent and/or the new registered off		r the name of the
Mama of Naul Magistared Agent		
nume of New Acquiered Agent		
Nume of New Negastered Agent	(Florida street address)	<del>.:</del>
New Registered Office Address:	(Florida street address)	. Florida
Name of New Registered Agent		

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change × Add Remove	D	Anatoly Zinoviev	2999 NE 191st Street, Suite 603 Aventura, FL 33180
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
	<del></del>
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(**************************************	

The date of each amendment(s) adoption: 06/19/2012		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated X	1 0 06/23/12	
Datedc	The state of the s	
Signature <u>\cappa</u>	IL VNAA	
(By a	director, president of other officer - if directors or officers have not been	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other court	
арроі	nted fiduciary by that fiduciary)	
	Anatoly Zinoviev	
	(Typed or printed name of person signing)	
	President	
	(Title of nerson signing)	